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**TRANSPORTATION SCIENCES
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**CALSPAN ON-SITE PASSENGER AIR BAG/CHILD FATALITY INVESTIGATION
CASE NO. CA96-12
VEHICLE: 1995 HYUNDAI SONATA
LOCATION: NEW HAMPSHIRE
CRASH DATE: [REDACTED] 1996**

Contract No.
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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

TECHNICAL REPORT STANDARD TITLE PAGE

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CALSPAN ON-SITE PASSENGER AIR BAG/CHILD FATALITY INVESTIGATION
CALSPAN CASE NO. CA96-12
VEHICLE: 1995 HYUNDAI SONATA
LOCATION: NEW HAMPSHIRE
CRASH DATE: [REDACTED] 1996

BACKGROUND

This on-site air bag deployment investigation focused on a 5 year old male child occupant of a 1995 Hyundai Sonata that was involved in front-to-side impact sequence with a 1988 Pontiac Grand Am and a subsequent frontal impact with a traffic light support. The Hyundai was equipped with frontal driver and passenger air bags which deployed as a result of the pole impact. The child occupant was not wearing the manual 3-point lap and shoulder belt system. He responded to the initial right side impact by moving laterally to the right and loading the right front door panel and the hood on the Pontiac. He was subsequently displaced forward against the right upper instrument panel and passenger side air bag module cover assembly as the vehicle impacted the pole. The passenger side air bag module cover flap opened against the underside of his chin and the deploying air bag fabric contacted his anterior neck. These contacts hyper-extended the child occupant's head which resulted in an atlanto-occipital separation and complete cord transection.

The Special Crash Investigation Team received notification of the crash from NHTSA on [REDACTED]. The crash was reported by the local media as a child fatality that resulted from deployment of the vehicle's air bag system. An on-site investigation was initiated on [REDACTED].

SUMMARY

Vehicle Data

The Hyundai Sonata was manufactured on [REDACTED] 94 and was identified by vehicle identification number KMHC24T0SU (production number deleted). At the time of the crash, the odometer reading was 31,716 km (19,711 miles). In addition to the supplemental frontal driver and passenger air bag system, the Hyundai was equipped with power windows, power door locks, cruise control integrated into the steering wheel spokes, and a sunroof. The front seated positions were equipped with manual 3-point lap and shoulder belt systems with dual mode locking retractors and adjustable upper anchorages (D-rings), manual seat track adjusters, and adjustable head restraints. The outboard rear seated positions were equipped with continuous loop 3-point lap and shoulder belt systems with the dual mode locking retractors. The center rear position was equipped with a lap belt, however, the belt webbing was tucked under the seat cushion.

Crash Site

The crash occurred at a signalized four-leg intersection in an urban area of New Hampshire, during nighttime hours. The intersection was lighted by overhead luminaires. The approach lanes to the intersection were straight and level in all directions of travel. The asphalt road surface was wet due to a light rainfall. The posted speed limit was 48 km/h (30 mph).

Pre-Crash

The 24 old male driver of the Hyundai Sonata was transporting his family to their residence and was traveling in a northerly direction on a one-way, three lane road. He had negotiated a left curve and approached the intersection on a flashing red signal phase. The driver apparently failed to detect the flashing red signal phase and entered the intersection, with the intention of traveling straight on the one-way road. Vehicle #2, the 1988 Pontiac Grand Am, was traveling in a westerly direction on the inboard lane of a four-lane street on an approach to the intersection. As the driver entered the intersection on a flashing yellow signal phase, the Hyundai crossed his path of travel from left to right.

Crash

The frontal area of the Pontiac impacted the right front fender and door area of the Hyundai Sonata. Resultant directions of force were 11 o'clock for the Pontiac and 2 o'clock for the struck Hyundai. Velocity changes were computed at 17.1 km/h (10.6 mph) for the Hyundai and 23.0 km/h (14.3 mph) for the Pontiac Grand Am. The Hyundai's longitudinal component was -8.5 km/h (-5.3 mph) which was below the threshold required for air bag deployment. The impact displaced the Hyundai to its left as it continued in a tracking mode toward the northwest quadrant of the intersection. The front left area of the Hyundai subsequently impacted a traffic light support resulting in longitudinal deceleration of 27.5 km/h (17.1 mph). The 12 o'clock direction of force frontal impact deployed the frontal driver and passenger air bag system.

The driver of the Hyundai was a 24 year old male with a police reported height of 170.2 cm (67.0") and weight of 56.7 kg (125.0 lb). He admitted to the investigating officer that he was not wearing the manual belt system. His manually adjusted seat track was positioned to a mid track position with the head restraint set 2.5 cm (1.0") above the seat back. In response to the initial 2 o'clock impact force, he probably moved laterally to his right and contacted the center console and possibly the front right child passenger. There was no evidence of contact to support the lateral extent of his trajectory. The subsequent frontal impact sequence displaced the driver in a forward direction. Contact evidence suggested that the driver was centered behind the steering wheel as the vehicle impacted the traffic light support. The driver's air bag deployed and the driver probably loaded the bag with his thoracic area. There was no contact evidence on the bag or compression of the steering wheel rim or column. His knees impacted the knee bolster as evidenced by fabric transfers and a scuff mark. The driver continued forward with his head extending over the top of the deployed air bag, and impacted the windshield with the frontal aspect of his scalp. The head contact cracked the glazing 24.1 cm (9.5") left of center and 7.6 cm (3.0") below the windshield header. The driver was not injured by the contact sequences and refused medical treatment.

The front right passenger of the Hyundai was the 5 year old child occupant with a medical examiner reported height of 115.6 cm (45.5") and weight of 28.1 kg (62.0 lbs.). His clothing consisted of a cotton sweatshirt type-jacket over a blue polo shirt. The child was not wearing the manual 3-point lap and shoulder belt system. The lack of belt usage was determined by the position of the belt within the vehicle during our on-site inspection. The continuous loop belt webbing was retracted against the right B-pillar with the D-ring adjusted to the full up position. The intrusion of the right

door panel against the outboard aspect of the right seat back support prevented the lap belt from extending forward, therefore the intrusion would have prevented the belt from retracting to its stowed position against the B-pillar. There was no loading evidence on the belt system and minimal routine wear marks on the latchplate from infrequent usage. The right front passenger seat was adjusted to a forward position, 7.0 cm (2.75") rearward of the full forward position.

The child passenger responded to the initial 2 o'clock impact force by moving laterally to his right and slightly forward. He loaded the intruding right door panel with the right lateral and anterior aspects of his chest and right forearm. As a result of the lateral impact, the child sustained an open fracture of the right forearm, bilateral pulmonary contusions with hemo and pneumothorax, focal subcapsular hemorrhage of the anterior lobe of the liver, and a shallow tear of the medial surface of the capsule of the spleen.

The initial impact shattered the tempered side window glazing which produced several soft tissue injuries to the child passenger. The lateral trajectory of the child passenger allowed his head to move through the window opening as the vehicles crush to maximum engagement. The right lateral aspect of his neck contacted the top surface of the right front door panel which resulted in an extensive abrasion with contusion of the right lateral neck. The right aspect of the child passenger's head impacted the buckled hood of the Pontiac Grand Am. A semi-circular area of deformation was noted (13-26") left of center and (6.0-19") rearward of the leading edge (refer to Photograph Nos. 58 and 59). The hood impact resulted in lacerations of the bilateral superior cerebral peduncles (AIS-6), severe edema of the brain (AIS-5), punctate laceration of the left superior frontal white matter, faint contusional tears to both frontal and parietal gray matter, subarachnoid hemorrhages, and a large subgaleal hemorrhage of the right temporo-parietal-occipital scalp. The severity of these injuries would have been life threatening. Although unconfirmed, the child passenger was possibly struck by the unrestrained driver. This possible occupant-to-occupant interaction could have produced subgaleal hemorrhages to the left parietal and occipital areas of the scalp.

As the child occupant rebounded from the initial impact, the driver probably braked during the crash which decelerated the vehicle longitudinally and displaced the child in a forward direction prior to the subsequent impact with the traffic light support. At impact with the pole, the child was forward, positioned against the mid mount front passenger air bag module cover. This position was supported by tissue and fabric transfers to the cover flap. In addition, the child's jacket contained vinyl transfers from the leading edge of the cover flap.

At impact with the pole, the frontal air bag system deployed. As the passenger air bag deployed from the mid mount module, the child passenger's chin was resting on, or within a close proximity to the module cover flap. This contact sequence was supported by a semi-circular tissue transfer to the mid point area of the flap. In addition, his chest was against the cover flap with his left forearm extended forward horizontally against the cover flap. During deployment, the leading edge of the cover flap contacted the mid upper chest area of the child passenger. A vertically oriented vinyl transfer was observed to the blue jacket worn by the child. A similar transfer extended the full

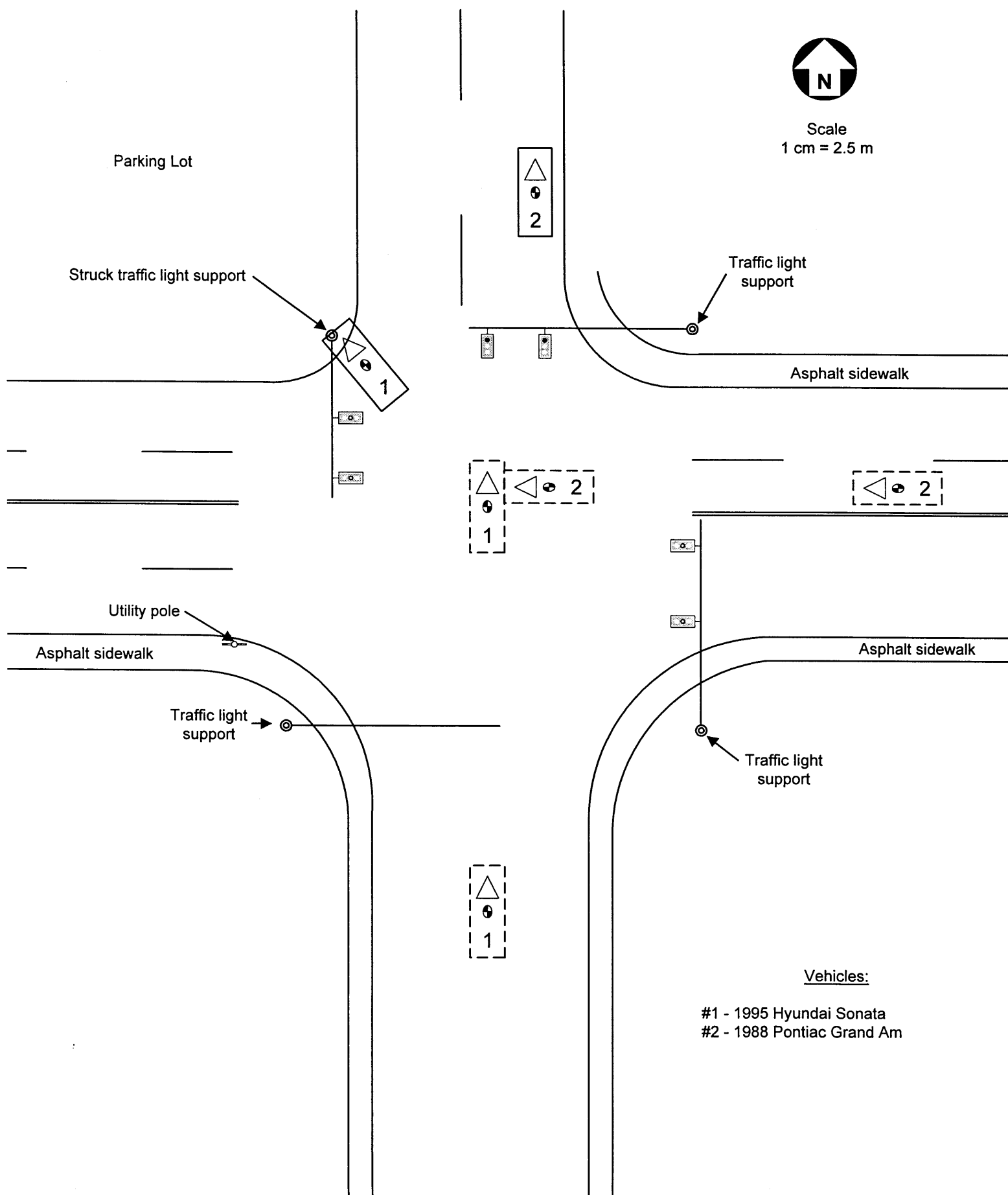
length of the anterior left sleeve which supported cover flap contact to the left arm. Blue fabric transfers were noted to the leading edge of the cover flap.

The cover flap contacted the child passenger on the underside of the chin which began to elevate the head. The expanding air bag membrane subsequently contacted the underside of the chin and wrapped onto the anterior and lateral aspects of the neck resulting in an extensive raw-red abrasion half-moon shaped abrasion that was approximately 15 x 13 cm in size. This abrasion pattern overlapped the abrasion and contusion of the right lateral neck that resulted from the child's initial trajectory through the window opening.

The cover flap and bag expansion resulted in hyperextension of head and a complete fracture and dislocation of the atlanto-occipital (AO) joint with 2.5 cm of anterior separation, complete transection of the spinal cord at the level of the AO joint (AIS-6), transection of the basilar artery, and brain stem herniation. These injuries resulted in a fatal outcome to the child passenger. In addition to the cervical spinal injuries, the child passenger sustained contusions, abrasions and lacerations of the lower lip as the lip was contacted by the air bag and compressed into the teeth. Anterior chest contusions resulted from the bag expansion.

The child's mother was seated in the left rear position of the vehicle. She was probably restrained by the manual 3-point lap and shoulder belt system as evidenced by a latchplate loading abrasion. The adult passenger probably loaded the left front seat back and sustained a fracture of the left forearm. A two year female was positioned in the rear seat area and was not injured during the crash.

CRASH SCHEMATIC
CALSPAN CASE NO. CA96-12



CALSPAN ON-SITE AIR BAG/CHILD PASSENGER FATALITY INVESTIGATION
CALSPAN CASE NO. CA 96-12
VEHICLE: 1995 HYUNDAI SONATA GL
LOCATION: NEW HAMPSHIRE
CRASH DATE: [REDACTED] 1996

CRASH DATA

Location: 4-leg intersection
State: New Hampshire
Area/Type: Urban/Commercial
Crash Date/Time: [REDACTED] 1996/nighttime hours
Investigating Police Agency: [REDACTED] Police Department
Crash Type: Car/car, front-to-side impact
configuration with subsequent front left
impact with a traffic light support pole

Air Bag Vehicle
Occupant Injury Severity: Driver - Not injured
Front right passenger - Fatal (AIS-6)
Left rear passenger - Moderate (AIS-2)
Center rear - Not injured

AMBIENCE

Viewing Conditions: Dark, lighted
Weather: Overcast
Precipitation: Light rain
Road Surface: Wet

HIGHWAY

| | Air Bag vehicle | Vehicle #2 |
|------------------------------------|---|-------------------|
| Type: | Local street | Local street |
| Number of Lanes: | 3, one-way (closed due to construction at the time of this investigation) | 4 |
| Width: | 11.0 m (36.0') | 13.0 m (42.5') |
| Surface: | Asphalt | Asphalt |
| Median: | None | None |
| Edge: | Curbed | Curbed |
| Vertical Alignment: | Level | Level |
| Horizontal Alignment: | Straight | Straight |
| Estimated Coefficient of Friction: | .55 | .55 |
| Traffic Density: | Light | Light |

TRAFFIC CONTROLS

| | | |
|--------------|------------------------|---|
| Signals: | Flashing red | Flashing yellow |
| Signs: | None | None |
| Markings: | Solid white lane lines | Double yellow center lines, solid white westbound lane line |
| Speed Limit: | 48 km/h (30 mph) | 48 km/h (30 mph) |

VEHICLES

| | <u>Vehicle #1</u> | <u>Vehicle #2</u> |
|-----------------------|---|--|
| Description: | 1995 Hyundai Sonata GL | 1988 Pontiac Grand Am, 2-door |
| V.I.N.: | KMHCF24T0SU (production number deleted) | 1G2NE14U6JC (production number deleted) |
| Date of Manufacture: | ██████/94 | ██████88 |
| Color: | Bronze | Red |
| Odometer: | 31,716.4 km (19,711.9 miles) | Unknown, electronic odometer |
| Engine: | 3.0 liter, V-6 | L-4 |
| Transmission: | 4-speed automatic overdrive, console mounted selector lever | 3-speed automatic |
| Steering: | Power-assisted rack-and-pinion | Power-assisted rack-and-pinion |
| Brakes: | Power-assisted four-wheel disc | Power-assisted front disc/rear drum |
| Padding: | Upper and mid instrument panel, sunvisors, soft-edged steering wheel rim, door panels, door armrests, adjustable head restraints and center console cover | Upper and mid instrument panel, soft edged steering wheel rim, head restraints, door panels, door armrests |
| Manual Restraints: | 3-point lap and shoulder belt systems at the four outboard positions with adjustable D-rings for the front seats, center rear lap belt | Rear seat lap belts |
| Automatic Restraints: | Frontal driver and passenger air bag Supplemental Restraint System (SRS) which deployed as a result of the crash | Automatic door mounted 3-point lap and shoulder belt system for the front outboard positions |
| Tow Status: | Towed due to vehicle damage | Towed due to vehicle damage |

VEHICLE DAMAGE

Vehicle #1

Exterior:

The 1995 Hyundai Sonata GL sustained moderate damage to the right front side area as a result of its initial impact sequence with the frontal area of the 1988 Pontiac Grand Am. The subsequent frontal impact with the utility pole produced moderate damage which resulted in deployment of the frontal air bag system.

Impact #1 - The direct contact damage on the right side of the Hyundai began 11.4 cm (4.5") rearward of the right front axle and extended 133.4 cm (52.5"), terminating 12.1 cm (4.75") forward of the rear edge of the right front door. The combined induced and direct contact damage began at the right B-pillar and extended 177.2 cm (69.75") forward to a point located 20.3 cm (8.0") forward of the axle position. Maximum crush was 21.6 cm (8.5") located at the mid point of the right front door, 100.3 cm (39.5") rearward of the right front axle (refer to Photograph No. 18). and 60.1 cm (24.0") above the ground. The damage profile used for the WinSMASH reconstruction program was as follows: C1= 0 cm, C2= 19.7 cm (7.75"), C3= 18.4 cm (7.25"), C4= 6.1 cm (2.4"), C5= 2.3 cm (0.9"), C6= 0 cm.

The right front door was jammed in the fully closed position due to the initial impact. The right front door window was shattered and the right corner of the windshield was cracked due to lateral displacement of the right A-pillar. Additional damaged components included the right front fender, right door, right sill, and the right A-pillar.

Impact #2 - The subsequent impact with the traffic light support pole resulted in 42.9 cm (16.0") of maximum bumper crush located 37.5 cm (14.75") left of center (Refer to Photograph No. 14). The direct contact damage began 22.9 cm (9.0") left of center and extended 24.1 cm (9.5") to the left. The impact deformed the full frontal width of the vehicle which resulted in a combined induced and direct damage with of 144.8 cm (57.0"). The residual crush profile at bumper level was as follows: C1= 25.7 cm (10.1"), C2=38.4 cm (15.1"), C3=24.1 cm (9.5"), C4=13.7 cm (5.4"), C5=2.8 cm (1.1"), C6=0 cm (-1.5").

Damaged components included the front bumper fascia, bumper reinforcement bar, radiator support panel, grille, hood, the left headlight assembly, and the left front fender. The left wheelbase was

reduced in length by 2.0 cm (0.8") while the right wheelbase was elongated by 1.0 cm (0.4").

| | Event No. | Object Contacted |
|-------------|-----------|-------------------------|
| CDC: | 02-RYEW-3 | 1 Vehicle #2 |
| | 12-FLEN-2 | 2 Traffic light support |

Repair Cost: Total loss

Interior: The passenger compartment area of the Hyundai Sonata sustained moderate damage that was associated with exterior deformation and intrusion of right side components. Additional damage resulted from deployment of the Supplemental Restraint System and occupant contact.

The front right passenger compartment was reduced in size by intrusion of the right front door panel and the left A-pillar. Maximum intrusion was 14.0 cm (5.5") involving lateral displacement of the upper mid door panel. The right door armrest was displaced laterally 12.7 cm (5.0") into the right side of the seat back support. The right A-pillar was deformed laterally 3.2 cm (1.25") at the mid point with the instrument panel. As a result of pillar displacement, the laminated windshield cracked, radiating outward from the pillar.

The right side of the windshield glazing was bowed outward and cracked due to intrusion of the right A-pillar and contact by the front passenger air bag and air bag cover flap. The deployment path of the passenger side air bag was altered by the front right child passenger which deflected the bag into the laminated glazing. A semi-circular air bag fabric transfer was noted on the windshield and located 14.6-24.8 cm (5.75-9.75") right of center and 21.6-38.1 cm (8.5-15.0") above the top hinge point of the air bag module cover. A vinyl transfer on the windshield that resulted from the from the leading edge of the air bag cover flap was located 40.6-45.7 cm (16.0-18.0") right of center and 11.4-16.5 cm (4.5-6.5") above the hinge point.

The rear view mirror was fractured at the stem and separated from the windshield mount. A scuff mark was located on the back side of the mirror 3.2-5.7 cm (1.25-2.25") right of center and 4.4-5.1 cm (1.75-2.0") from the top surface. This scuff probably resulted from air bag expansion against the mirror and windshield.

The driver's head impacted and cracked the windshield 24.2 cm (9.5") left of center and 7.6 cm (3.0") below the header. Numerous

short black hair strands were noted to the headliner between the visor and the sunroof 20.3-34.3 cm (8.0-13.5") left of center and 21.0-23.5 cm (8.25-9.25") rearward of the header (Refer to Photograph No. 25).

The driver's knees contacted the knee bolster below the steering column as shown in Photograph No. 29. The left knee contact was evidenced by blue fabric transfers 38.1-43.2 cm (15.0-17.0") left of center and 31.8-34.3 cm (12.5-13.5") below the upper instrument panel. A left knee scuff was located 26.7-33.0 cm (10.5-13.0") left of center and 31.8-35.6 cm (12.5-14.0") below the referenced panel.

The left rear adult passenger's left wrist was fractured from probable bracing/loading against the driver side seat back. There was no contact evidence to support this contact and injury mechanism. The cover of the center console was fractured at the rear hinge point from probable contact from the right knee/lower leg of the adult passenger.

Vehicle #2

Exterior:

The 1988 Pontiac Grand Am sustained moderate frontal damage that was associated with the impact sequence with the Hyundai Sonata. The direct contact damage began 5.7 cm (2.25") right of center and extended 77.5 cm (30.5") to the front left corner. Maximum crush was 21.8 cm (8.6") was located 39.4 cm (15.5") left of center. The residual crush profile was documented at the front bumper fascia at the level of the bumper reinforcement bar and was as follows: C1 = 18.4 cm (7.25"), C2 = 20.3 cm (8.0"), C3 = 17.8 cm (7.0"), C4 = 13.3 cm (5.25"), C5 = 9.9 cm (3.9"), and C6 = 8.9 cm (3.5"). The front bumper was displaced laterally to the right approximately 20 cm (8") at the left front corner as a result of the lateral component of the impact force.

Damaged components included the front bumper system, grille, left headlight assembly, hood, radiator support panel, and the front fenders. A semi-circular depression was noted to the left side of the Pontiac's deformed hood. The dent was located 33.0-55.9 cm (13.0-22.0") left of center and 15.2-48.3 cm (6.0-19.0") rearward of the leading edge of the hood. The dent resulted from probable head contact by the front right passenger of the Hyundai as the vehicles engaged during the initial collision.

CDC:

11-FYEW-1

Repair Cost:

Total loss

AUTOMATIC RESTRAINT SYSTEM

The 1995 Hyundai Sonata was equipped with a Supplemental Restraint System (SRS) that consisted of frontal air bags for the driver and front passenger positions. The air bag system deployed as a result of the subsequent frontal impact sequence with the traffic light support pole. The driver side air bag was incorporated into the steering wheel assembly in a typical configuration while the passenger air bag was a mid-mount configuration in the right upper instrument panel.

The driver air bag deployed as designed from an H-configuration air bag module cover assembly that was contained within the 4-spoke steering wheel. The four spokes were located at the 9:30/2:30 and the 8/4 o'clock positions. The horn pads were located within the lower spokes. The H-configuration module cover flaps were hinged at the top and bottom with a horizontal center tear seam and rounded side seams (refer to Photograph No. 23). Both cover flaps were 19.5 cm (7.7") in width at the horizontal tear seam, 7.0 cm (2.75") vertically, and 8.0 mm (5/16") in thickness.

The deployed driver's side air bag was approximately 66.0 cm (26.0") in diameter measured at the internally sewn peripheral seam in its deflated state. The bag was tethered with two 16.5 cm (6.5") wide band internal tethers located at the 3 and 9 o'clock sectors. The tether reinforcement was sewn to the face of the bag with three (3) rows of blue stitching. The tether reinforcement was 12.7 cm (5.0") in diameter. The bag was vented by two 3.2 cm (1.25") diameter vent ports located at 10 and 2 o'clock positions on the back side of the bag. There was no damage or contact evidence to the deployed driver's side air bag. A bar coded label was sewn at the 12 o'clock position identifying the bag with the following alphanumeric sequence:



The following label was displayed on the exposed aspect of the driver side visor (in stowed position) on a 1.3 x 5.1 cm (0.5" x 2.0") label.

Air Bag. See Other Side.

On the other side of the visor, the following caution was printed on a 10.8 cm (4.25") wide and 7.6 cm (3.0") high label.

CAUTION

TO AVOID SERIOUS INJURY:

- For Maximum safety protection in all types of crashes, you must always wear your safety belt.
- Do not install rearward-facing child seats in any front passenger position.
- Do not sit or lean unnecessarily close to the air bag.
- Do not place any objects over the air bag or between the air bag and yourself.
- See the owner's manual for further information and explanations.

The passenger side visor contained the identical labeling to the driver side visor.

AUTOMATIC RESTRAINT SYSTEM (CONT'D.)

The front right passenger air bag was concealed in a mid mount module assembly in the right instrument panel. The assembly was designed with a single cover flap which opened in an upward direction toward the windshield, hinged at the top horizontal aspect of the flap. At deployment, although impeded, the cover flap opened at the designated tear seams along both sides and the bottom leading edge. The profile of the cover flap followed the contour of the instrument panel. The horizontal width of the cover flap was 34.3 cm (13.5") with a vertical height of 19.7 cm (7.75"). At the time of this investigation, the rigid cover flap was closed to near the original position with the deployed air bag extending from the module assembly.

The front right child passenger was out-of-position forward and against, or within a close proximity to the mid mount cover flap at deployment of the frontal air bag system. This was evidenced by numerous contact transfers to the cover flap, injury to the child passenger, and alteration of the deployment path of the passenger air bag. A semi-circular tissue transfer was noted to the face of the cover flap (refer to Photograph No. 36). The transfer was located near the mid point of the flap and extended 4.4 cm (1.75") above the leading edge of the flap. A blue fabric transfer that was consistent with the jacket of the child passenger was located on the leading edge of the cover flap. The transfer extended 17.8-29.8 cm (7.0-11.75") right of center and 0-1.9 cm (0-0.75") up from the leading edge (refer to Photograph No. 35).

Due to the child's forward position which impeded the opening of the cover flap, the air bag expanded against the inside surface of the restricted cover flap. The expanding air bag abraded the manufacture date clock that was molded into the vinyl on the inside surface of the flap. An identification label was affixed to the inside surface of the flap, however, the air bag smeared the printing on the label (refer to Photograph Nos. 39 and 40). Abrasions to the black vinyl inside surface of the cover flap were distributed across the full width of the flap.

The deployed passenger air bag was constructed of a typical nylon-type woven fabric. The throat of the bag that extended from the inflator was approximately 12.1 cm (4.75") in depth and flared outward to side, top, and bottom panels. The top panel of the bag extended an additional 37.5 cm (14.75") rearward to the face of the bag. The overall width of the bag fabric in its deflated state was 47.0 cm (18.5") with a vertical height of 39.1 cm (15.375"). The bag was tethered by two wide band internal tethers that were sewn to the face panel of the bag with three rows of stitching. The tethers were separated by 28.9 cm (11.375") and spaced 5.1 cm (2.0") from the top and bottom aspects of the bag face. A single vent port was located at the left upper quadrant of the bag adjacent to the inflator manifold.

On the face of the deployed air bag, a 3.2 cm (1.25") wide and 24.1 cm (9.5") long black vinyl transfer was located inboard of the left side seam and extended vertically from below the top tether seam to the bottom of the bag face. This vinyl transfer consisted of 12

AUTOMATIC RESTRAINT SYSTEM (CONT'D.)

horizontally oriented transfers with vinyl shading between the distinct lines (refer to Photograph No. 41). The top surface of the passenger air bag had a light shadowing of vinyl on the bag that resulted from expansion of the bag within the module assembly. An additional 5.1 cm (2.0") wide vinyl transfer extended 3.8-34.3 cm (1.5-13.5") from the throat of the bag on the right side of the top surface of the bag. All vinyl transfers resulted from the restricted expansion of the bag against the inside surface of the module cover flap.

Additional tissue and fabric transfers were noted to the passenger air bag. A tissue transfer was located at the lower left quadrant of the bag face, 25.4-28.6 cm (10.0-11.25") below the top tether seam and 6.0-11.1 cm (2.4-4.4") left of the vertical seam (Photograph No. 43). Located below the tissue transfer on the left seam at the bottom aspect of the bag was a blue fabric transfer that was consistent in color with the child's jacket. This transfer was 2.5 cm (1.0") in width and 15.2 cm (6.0") in length. A blood stain was located on the right lower corner of the bag, however, this stain occurred post-crash was not related to the expansion of the bag against the child passenger.

As the air bag expanded against the child passenger, he responded to the 12 o'clock impact force which directed the bag forward into the laminated windshield. A semi-circular air bag fabric transfer was noted to the windshield 14.6-24.8 cm (5.75-9.75") right of center and 21.6-38.1 cm (8.5-15.0") above the hinge point of the module cover. The right corner of the cover flap subsequently contacted the windshield which produced a heavy vinyl transfer to the glazing 40.6-45.7 cm (16.0-18.0") right of the vehicle's center line and 11.4-16.5 cm (4.5-6.5") above the hinge point (refer to Photograph No. 50). The altered deployment path of the bag resulted in contact to the rear view mirror and the subsequent separation of the mirror from the mounting stem. The side surfaces of the passenger air bag had numerous rips and tears. The edges of these tears were singed by the hot gases exhausting from the bag. These tears probably resulted from bag expansion against the fractured laminated windshield glazing.

The horizontal distance between the leading edge of the cover flap and the front right seat back support was 68.6 cm (27.0"). The horizontal distance from the leading edge of the module cover flap to the vertical plane of the seat front edge was 10.2 cm (4.0"). The maximum rearward excursion of the passenger bag in its deflated state was 49.6 cm (19.5").

MANUAL RESTRAINTS

The 1995 Hyundai Sonata was equipped with manual 3-point lap and shoulder belts in the four outboard seated positions. The center rear position was equipped with a manual lap belt. The front belt systems consisted of continuous loop lap and shoulder belt webbings with a sliding latchplate. Dual mode inertia activated locking retractors with webbing grabbers were mounted in the of the lower aspects of the B-pillars. Both belt systems were

MANUAL RESTRAINTS (CONT'D.)

equipped with adjustable upper anchorages (D-rings). Both D-rings was found adjusted to the full up position. The D-rings had four (4) adjustment positions with a maximum vertical adjustment of 7.0 cm (2.75"). The front belt latchplates had faint wear marks which indicated infrequent usage. The driver stated to the investigating officer that he was not restrained by the manual belt system. There was no evidence on the belt system to support usage during the crash. The driver did make conflicting statements to the officer regarding belt usage for the right front child passenger. There was no evidence on the webbing (i.e., fabric transfers, tissue transfers, blood stains,) to support usage during the crash. In addition, the belt webbing was neatly stowed against the B-pillar and was not captured between the deformed seat back support and the intruding door panel.

The rear seat was equipped with 3-point lap and shoulder belt systems for the two outboard positions and a center lap belt. The left rear adult female passenger stated to the investigating officer that she was restrained by the manual system. There was no loading evidence on the belt webbing, however, the plastic covered latchplate was superficially abraded from interaction against the belt webbing.

The center rear lap belt webbing was tucked between the seat cushion and the seat back support and was not available for use. The buckle assembly remained outboard of the junction point adjacent to the left rear buckle assembly.

COLLISION SEQUENCE

Pre-Crash:

The driver of the 1995 Hyundai Sonata and his family had departed a local movie theater and were en route to their residence, traveling in a northerly direction on the three lane one-way roadway. Witnesses to the crash noted that the Hyundai was traveling in the center lane on the approach to the controlled intersection. The driver estimated his travel speed at approximately 40 mph (25 mph) as he approached the intersection. The overhead signal system was in a flash mode with a red phase for northbound traffic flow and a yellow (caution) phase for east/westbound traffic flow. Several witnesses observed the Hyundai approach the intersection and travel through the red flashing signal phase into the path of westbound traffic.

The driver of the 1988 Pontiac Grand Am had departed his place of employment and was en route to his residence. He was traveling in an westerly direction on the inboard lane on an approach to the four-leg intersection. The driver noted that the overhead signal system was in a yellow flash mode for east/west bound traffic. He estimated his travel speed at 48-56 km/h (30-35 mph). The driver stated to the investigating officer that he braked with sufficient force to lock the wheels of his vehicle in an attempt to avoid the impending crash.

COLLISION SEQUENCE (CONT'D.)

Pre-Crash (Cont'd.):

There was no evidence at the crash scene (i.e., skid marks) to support avoidance actions. The Pontiac continued on a forward trajectory to impact.

Crash:

The front left area of the Pontiac Grand Am impacted the right front side area of the Hyundai Sonata. The crash occurred in the center of the intersection and resulted in impact forces of 11 o'clock for the striking Pontiac and 2 o'clock for the struck Hyundai. The damage algorithm of the WinSMASH program computed velocity changes of 17.1 km/h (10.6 mph) for the Hyundai and 23.0 km/h (14.3 mph) for the Pontiac. The specific longitudinal and lateral components for the Hyundai were -8.5 km/h (-5.3 mph) and -14.8 km/h (-9.2 mph) respectively. Based on the WinSMASH output (longitudinal component) and the trajectory of the right front seated child passenger, the vehicle's supplemental frontal air bag system did not deploy during this crash sequence.

The Hyundai was deflected approximately 40 degrees in a counterclockwise direction by the right side impact. The vehicle traveled approximately 9.6 m (31.5') in a tracking mode and departed the northwest quadrant of the intersection. The front left area of the Hyundai subsequently impacted 26.7 cm (10.5") diameter traffic light support that was mounted to a concrete base. The center point of the pole was positioned 2.4 m (7'9") west of the tangent point and 1.3 m (4'3") north of the reference point. The Hyundai's impact speed was computed by the damage and trajectory algorithm of the WinSMASH program at impact 27.5 km/h (17.1 mph). The 12 o'clock direction of force impact crushed the frontal structure to a depth of 42.9 cm (16.0") which resulted in a velocity change of 27.5 km/h (17.1 mph). The longitudinal component of 27.5 km/h (17.1 mph) was of sufficient magnitude which deployed the frontal air bag system.

Final Rest:

The Hyundai came to rest engaged against the struck pole facing in a northwesterly direction. The pole was a non-breakaway type and was not damaged by the impact sequence. The 1988 Pontiac Grand Am was displaced in a clockwise direction by the initial impact sequence with the Hyundai and came to rest within the confines of the intersection. The driver subsequently drove the vehicle to the east curb of the northbound travel lanes where he brought it to a controlled stop approximately 15 m (50') north of the initial point of impact.

Post-Crash:

Driver Activities - Immediately following the crash, the driver of the Hyundai opened the left front door and exited the vehicle unassisted. He opened the left rear door and assisted his wife and daughter from the rear seat area of the vehicle. The driver then proceeded to the right front door and noted that his son (front right passenger) appeared to be seriously injured. He could not open the right front door due to exterior damage that resulted from the

COLLISION SEQUENCE (CONT'D.)

Post-Crash (Cont'd.):

initial impact. The driver and his wife requested from witnesses and passers by to call 911 for emergency aid.

The driver of the Pontiac Grand Am exited his vehicle and heard the request for emergency aid by the occupants of the Hyundai Sonata. He did not approach the vehicle and waited for police to arrive on-scene.

Rescue Activities - A witness to the crash entered the Hyundai and initiated rescue breathing activities on the child passenger. He maintained this activity until the paramedics arrived on-scene approximately four minutes of the crash. The child was prepared for ambulance transport to a local hospital. The local police department dispatched officers to the scene with the first officer arriving within two minutes of the call. He immediately requested assistance due to the severity of the crash.

Scene Clearance - The investigating police department closed the intersection to traffic as they conducted their investigation and documentation of the crash. Following the completion of this process, the investigating officer requested the tow removal of both vehicles. The involved vehicles were towed to the police impound lot where they were placed in secure storage for further police and SCI inspection.

AIR BAG VEHICLE OCCUPANT DATA

Driver Demographics

| | |
|----------------------|--|
| Driver: | 26 year old male |
| Height: | 170.2 cm (67.0") |
| Weight: | 56.7 kg (125.0 lb) |
| Manual Restraint | |
| Usage: | None, 3-point lap and shoulder belt system was available |
| Usage Source: | Vehicle inspection, driver statements |
| Eyewear: | Unknown |
| Vehicle Familiarity: | Unknown |
| Route Familiarity: | Familiar, resident of area |
| Trip Plan: | Returning to residence |
| Mode of Transport | |
| From Scene: | Ambulance |
| Type of Medical | |
| Treatment: | None |

Driver Injuries

| Injury | Injury Severity (AIS-90) | Injury Mechanism |
|---------------|---------------------------------|-------------------------|
| Not injured | N/A | N/A |

Driver Kinematics

The driver of the 1995 Hyundai Sonata was seated in a normal posture with the seat track adjusted to a mid track position, 13.3 cm (5.25") rearward of the full forward position. At the time of the SCI investigation, the seat back was reclined to 35 degrees and the adjustable head restraint was positioned 2.5 cm (1.0") above the seat back support. The driver stated that he was not wearing the manual 3-point lap and shoulder belt system. This was confirmed by inspection of the belt system which yielded faint routine wear marks which indicated infrequent usage. In addition, there was no evidence of driver loading on the belt system.

At impact with the Pontiac Grand Am, the driver of the Hyundai Sonata initiated a lateral trajectory to his right and possibly contacted the front right child passenger. There were no reported injuries or contact points within the vehicle to support the extent of his lateral trajectory. In addition, the driver was not injured from the possible occupant-to-occupant interaction.

The driver subsequently rebounded back to the driver's position and probably applied or maintained brake application as the vehicle was redirected toward the northwest quadrant of the intersection. The front left area of the Hyundai impacted the traffic light pole which deployed the frontal air bag system. Based on the contact evidence in the vehicle, the front of the Hyundai pitched downward as a result of probable pre-impact braking and/or engagement against the pole. The unrestrained driver initiated a straight line forward trajectory in response to the 12 o'clock impact force as the frontal area of the Hyundai pitched downward and loaded the deployed driver air bag. His head traveled over the bag and struck the windshield 24.1 cm (9.5") left of center and 7.6 cm (3.0") below the windshield header. The contact fractured the laminated glazing and bowed the glass in a outward direction, however, no injury resulted. The superior aspect of his scalp probably contacted the headliner as he initiated his rebound trajectory. Several black hair strands were adhered to the fabric headliner located between the sunvisor and the sunroof.

The driver's knees impacted the knee bolster at the base of the steering column. Both contacts were evidenced by scuff marks with a blue fabric transfer over the left contact point. No injury resulted from the knee contacts.

Front Right Child Passenger Demographics

Age/Sex: 5 year old male
Height: 115.6 cm (45.5")
Weight: 28.1 kg (62 lbs)
Manual Restraint
Usage: None, 3-point lap and shoulder belt system was available
Usage Source: Vehicle inspection, driver statements, police crash report
Clothing: A navy blue fabric jacket with red and white trim over a navy blue long sleeve shirt
Type of Medical
Treatment: Transported to a local hospital where he expired approximately 2 hours following the crash

Front Right Child Passenger Injuries

| Injury | Injury Severity (AIS-90) | Injury Mechanism |
|--|---------------------------------|--|
| Transection of cervical spinal cord at the atlanto-occipital level | Maximum (640230.6,6) | Front right air bag module cover and the expanding air bag |
| Transection of the basilar artery | Critical (120402.5,8) | Front right air bag module cover and the expanding air bag |
| Complete fracture-dislocation of the atlanto-occipital joint with profound separation between the skull and cervical spine (2.5 cm anterior of displacement) | Moderate (650216.2,6) | Front right air bag module cover and the expanding air bag |
| Wrapping of the brainstem by the cerebellar tonsils with mild compression of the ventricular system (brainstem herniation) | Critical (140202.5,8) | Front right air bag module cover and the expanding air bag |
| Lacerations (1/8") of the bilateral superior cerebral peduncles | Maximum (140212.6,8) | Hood of vehicle #2 |
| Massive edema of the brain | Severe (140674.5,9) | Hood of vehicle #2 |

| Injury | Injury Severity (AIS-90) | Injury Mechanism |
|---|------------------------------------|--|
| Punctate laceration of the left superior frontal white matter over a 2.5 cm area | Severe (140688.4,2) | Hood of vehicle #2 |
| Faint contusional tears to both frontal and parietal gray matter of the left cerebral hemisphere, 6 cm maximum dimension | Serious (140614.3,2) | Hood of vehicle #2 |
| Small focal subarachnoid hemorrhages over the surface of the brain, posterior more than anterior, and of the cerebral convexities bilateral | Serious (140684.3,1 140684.3,2) | Hood of vehicle #2 |
| Multi-focal subgaleal hemorrhages involving the right superior, frontal, and parietal areas, and the right temporo-parieto-occipital scalp where there is considerable hemorrhage | Minor (190402.1,1) | Hood of Vehicle #2 |
| Smaller left parietal and occipital hemorrhages | Minor (190402.1,2) | Driver interaction (possible) |
| Contusions of both lungs; left anterior upper and lower lobe with hemothorax, right lower lobe with hemo and pneumothorax | Severe (441410.4,3) | Front right air bag module cover and the expanding air bag |
| Focal subcapsular hemorrhage of the anterior lobe of the liver | Moderate (541810.2,1) | Intruding right door panel and armrest |
| Shallow tear of the medial surface of the capsule of the spleen | Moderate (544222.2,2) | Intruding right door panel and armrest |
| Open fracture of the right distal forearm | Moderate (751800.2,1) | Intruding right door panel and armrest |

| Injury | Injury Severity (AIS-90) | Injury Mechanism |
|--|----------------------------------|--|
| V-shaped laceration of the dorsum of the right wrist | Minor (790602.1,1) | |
| Focal abrasions inner aspect of the right wrist with small scratch-like abrasions | Minor (790202.1,1) | Expanding front right passenger air bag |
| Small lacerations dorsum right hand | Minor (790602.1,1) | Flying right side window glass |
| Contusion with parallel scratches of the web space of the right thumb | Minor (79002.1,1 790602.1,1) | Right door/A-pillar/flying glass |
| Jagged 1/4" laceration dorsum left 3 rd finger | Minor (790602.1,2) | Flying glass |
| Extensive raw-red abrasion of the right cheek extending in a half moon shape under the right jawline to the left where it terminates in a sharp, straight edge along the left jawline (approximately 15x13 cm) | Minor (290202.1,5) | Expanding front right passenger air bag membrane |
| Extensive raw-red abrasion of the right neck is superimposed on extensive, complex hemorrhagic contusions of the soft, bulging tissues of the right neck | Minor (390202.1,1 390402.1,1) | Top surface of the right front door of the Hyundai |
| Small 1/4" punctate abrasion under right midline chin | | Front right passenger air bag cover flap/expanding air bag |
| Small puncture wound right anterior neck | Minor (390602.1,1) | Flying glass |
| 1/4" laceration in an inverted V-pattern below the right earlobe | Minor (290602.1,1) | Flying glass |

| Injury | Injury Severity (AIS-90) | Injury Mechanism |
|---|--|---|
| Right ear contused and abraded | Minor (290402.1,1 290202.1,1) | Hood of vehicle #2 |
| Diagonally oriented contusions extend from the base of the abrasion of the right neck toward the mid-chest in a pattern of parallel linear contusions, contusion hemorrhages over the anterior chest, and small punctate contusions over the left chest | Minor (490402.1,3) | Expanding front right passenger air bag membrane |
| Contusion, abrasion, and laceration of the lower lip | Minor (290402.1,8 290602.1,8; 290202.1,8) | Expanding front right passenger air bag membrane, compression against teeth |

Front Right Child Passenger Kinematics

The front right child passenger was presumably seated in a normal upright posture. He was wearing a navy blue shirt with long sleeves and a navy blue jacket with red and white trim. The seat track was adjusted to a mid track position, 7.6 cm (3.0") rearward of the full forward position and (5.75") forward of the full rear position. The seat back was reclined to a 25 degree angle measured at 25.4 cm (10.0") above the seat cushion/back juncture. The child passenger was not wearing the manual 3-point lap and shoulder belt system. The lack of restraint usage was determined by the kinematics of the passenger, the stowed position and condition of the belt webbing (no loading evidence), and driver statements to the investigating officer.

The child passenger responded to the initial 2 o'clock impact force by moving laterally to his right and slightly forward. He loaded the intruding right door panel with the right lateral and anterior aspects of his chest and right forearm. As a result of the lateral impact, the child sustained an open fracture of the right forearm, bilateral pulmonary contusions with hemo and pneumothorax, focal subcapsular hemorrhage of the anterior lobe of the liver, and a shallow tear of the medial surface of the capsule of the spleen.

The initial impact shattered the tempered side window glazing which produced several soft tissue injuries to the child passenger. The lateral trajectory of the child passenger allowed his head to move through the window opening as the vehicles crush to maximum engagement. The right lateral aspect of his neck contacted the top surface of the right front door panel which resulted in an extensive abrasion with contusion of the right lateral neck.

Front Right Child Passenger Kinematics (Cont'd.)

The right aspect of the child passenger's head impacted the buckled hood of the Pontiac Grand Am. A semi-circular area of deformation was noted (13-26") left of center and (6.0-19") rearward of the leading edge (refer to Photograph Nos. 58 and 59). The hood impact resulted in lacerations of the bilateral superior cerebral peduncles, massive edema of the brain, punctate laceration of the left superior frontal white matter, faint contusional tears to both frontal and parietal gray matter, subarachnoid hemorrhages, and a large subgaleal hemorrhage of the right temporo-parietal-occipital scalp. Although unconfirmed, the child passenger was possibly struck by the unrestrained driver. This possible occupant-to-occupant interaction could have produced subgaleal hemorrhages to the left parietal and occipital areas of the scalp.

As the child occupant rebounded from the initial impact, the driver probably braked during the crash which decelerated the vehicle longitudinally and displaced the child in a forward direction prior to the subsequent impact with the traffic light support. At impact with the pole, the child was forward, positioned against the mid mount front passenger air bag module cover. This position was supported by tissue and fabric transfers to the cover flap. In addition, the child's jacket contained vinyl transfers from the leading edge of the cover flap.

At impact with the pole, the frontal air bag system deployed. As the passenger air bag deployed from the mid mount module, the child passenger's chin was resting on, or within a close proximity to the module cover flap. This contact sequence was supported by a semi-circular tissue transfer to the mid point area of the flap. In addition, his chest was against the cover flap with his left forearm extended forward horizontally against the cover flap. During deployment, the leading edge of the cover flap contacted the mid upper chest area of the child passenger. A vertically oriented vinyl transfer was observed to the blue jacket worn by the child. A similar transfer extended the full length of the anterior left sleeve which supported cover flap contact to the left arm. Blue fabric transfers were noted to the leading edge of the cover flap.

The cover flap contacted the child passenger on the underside of the chin which began to elevate the head. The expanding air bag membrane subsequently contacted the underside of the chin and wrapped onto the anterior and lateral aspects of the neck resulting in an extensive raw-red abrasion half-moon shaped abrasion that was approximately 15 x 13 cm in size. This abrasion pattern overlapped the abrasion and contusion of the right lateral neck that resulted from the child's initial trajectory through the window opening.

The cover flap and bag expansion resulted in hyperextension of head and a complete fracture and dislocation of the atlanto-occipital (AO) joint with 2.5 cm of anterior separation, complete transection of the spinal cord at the level of the AO joint, transection of the basilar artery, and brain stem herniation. In addition to the cervical spinal injuries, the child passenger sustained contusions, abrasions and lacerations of the lower lip as the lip was

Front Right Passenger Kinematics (Cont'd.)

contacted by the air bag and compressed into the teeth. Anterior chest contusions resulted from the bag expansion.

Left Rear Passenger Demographics

Age/Sex: 23 year old female
Height: 160.0 cm (63.0")
Weight: 58.9 kg (130.0 lbs)
Manual Restraint
Usage: Probable use of the 3-point lap and shoulder belt system.
Usage Source: Vehicle inspection
Medical Treatment: Transported to a local hospital where she was treated for her injuries.

Left Rear Passenger Injuries

| Injury | Injury Severity (AIS-90) | Injury Mechanism |
|--|---------------------------------|--|
| Fracture of the left forearm (unspecified) | Moderate (751800.2,2) | Bracing/loading of the driver side seat back |

Left Rear Passenger Kinematics

The left rear seated adult occupant was reportedly restrained by the driver and herself during interviews with the police department. There were conflicting statements by these parties regarding the position of the 2 year old child occupant. The driver reported that the child passenger was seated on the lap of the mother with the 3-point belt system positioned across both occupants. Due to the lack of injury to the child occupant, this scenario was unlikely. The belt system did display minimal loading evidence (abrasion) at the latchplate from interaction against the webbing.

In response to the initial right side impact, the left rear adult occupant initiated a lateral trajectory to her right. Her right lower extremity probably impacted the rear aspect of the center console which scuffed and fractured the console cover. She probably extended her arms to brace against the interior of the vehicle immediately prior to impact with the Pontiac and/or the traffic light support. As the occupant initiated a forward trajectory in response to the frontal impact sequence, she probably loaded the seat back support with her left arm. As a result, the adult rear seat occupant sustained an unspecified fracture of the left forearm.

Center Rear Passenger Demographics

Age/Sex: 2 year old female
Height: Unknown
Weight: Unknown
Manual Restraint
Usage: None; lap belt was not available, tucked under seat cushion
Usage Source: Vehicle inspection
Medical Treatment: Not injured

Center Rear Passenger Injuries

| Injury | Injury Severity (AIS-90) | Injury Mechanism |
|---------------|---------------------------------|-------------------------|
| Not injured | N/A | N/A |

Center Rear Passenger Kinematics

The 2 year old female rear seat occupant was initially reported by the driver as belted on the lap of the left rear adult occupant. This scenario was not regarded as accurate since the child occupant was not injured. She would have been loaded between the adult occupant and the 3-point belt webbing.

A more plausible scenario would place the child occupant in the center rear position as noted by mother. This position was equipped with a lap belt, however, the webbing and latchplate were tucked under the seat cushion as was not available to the child occupant. At impact with the Pontiac, the child occupant would have been displaced laterally to her right and forward. She would have continued forward in response to the frontal impact with the traffic light support. There was no contact evidence within the vehicle to support the child passenger contact points. There were no injuries reported to the child passenger.

This child passenger should have been positioned in a forward facing child safety seat secured to the center rear position of the vehicle. There was no child safety seat in the vehicle at the time of the crash.

ATTACHMENT A

Selected Prints



1. & 2. Pre-crash trajectory of the Hyundai Sonata en route to the intersection.
(Note: Road was under construction at time of SCI investigation.)



3. Initial point of impact with the Pontiac Grand Am.



4. Post-impact trajectory of the Hyundai toward the struck traffic light support pole.



5. Struck pole and final rest position of the Hyundai's left front tire.



6. Lookback view of the Hyundai's path of travel.



7. & 8. Pre-crash trajectory of the Pontiac Grand Am.



9. Trajectory of the Pontiac Grand Am at impact with the Hyundai.



10. Lookback view of the Pontiac's path of travel.



11. Frontal view and pole impact damage to the Hyundai Sonata.



12. Close-up view of the pole impact damage.



13. Left front three-quarter view of the Hyundai Sonata.



14. Perpendicular view documenting the extent of maximum frontal crush.



15. Left rear three-quarter view of the Hyundai.



16. Initial right side damage to the Hyundai Sonata.



17. Close-up view of the initial impact damage to the right front fender and door areas.



18. Longitudinal view of the right side damage profile.



19. Right front three-quarter view.



20. Vehicle identification label affixed to the left B-pillar of the Hyundai.



21. Overall view of the driver's compartment and the deployed frontal air bag.



22. Overall interior view of the Hyundai Sonata and the deployed air bags.



23 & 24. Views of the deployed driver's air bag.



25. Driver head contact to windshield over the top of deployed air bag.



26. Exterior view of the head contact to the windshield.



27. Perpendicular view of the driver's position and the deployed air bag.



28. Perpendicular view of the driver's air bag module cover flaps.



29. Driver's knee contacts (scuff marks) to the knee bolster at the base of the steering column.



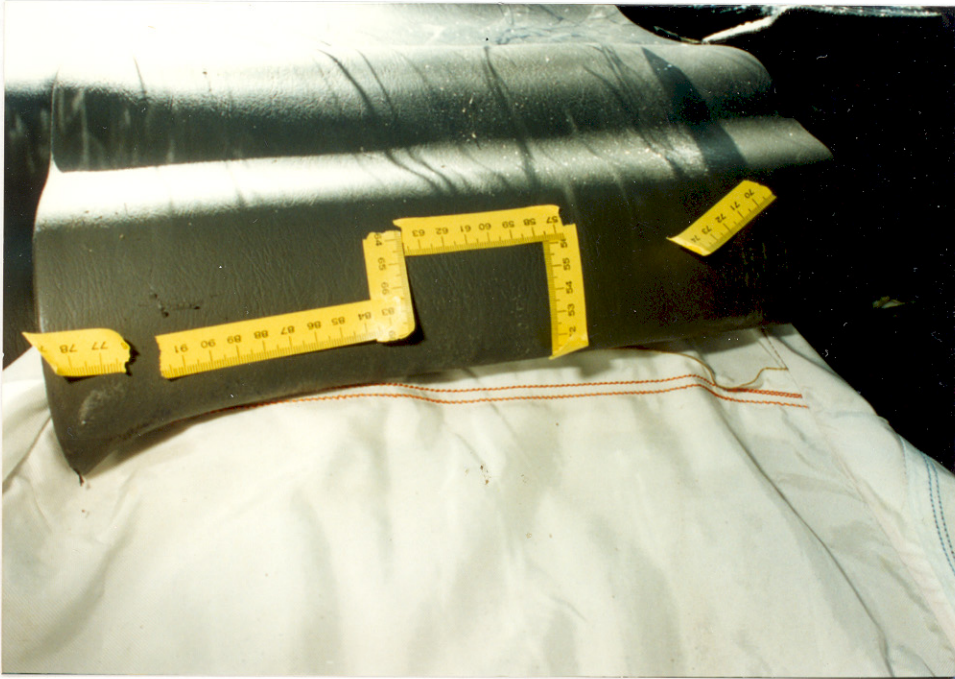
30. Overall view of the driver's manual belt system stowed against the B-pillar.



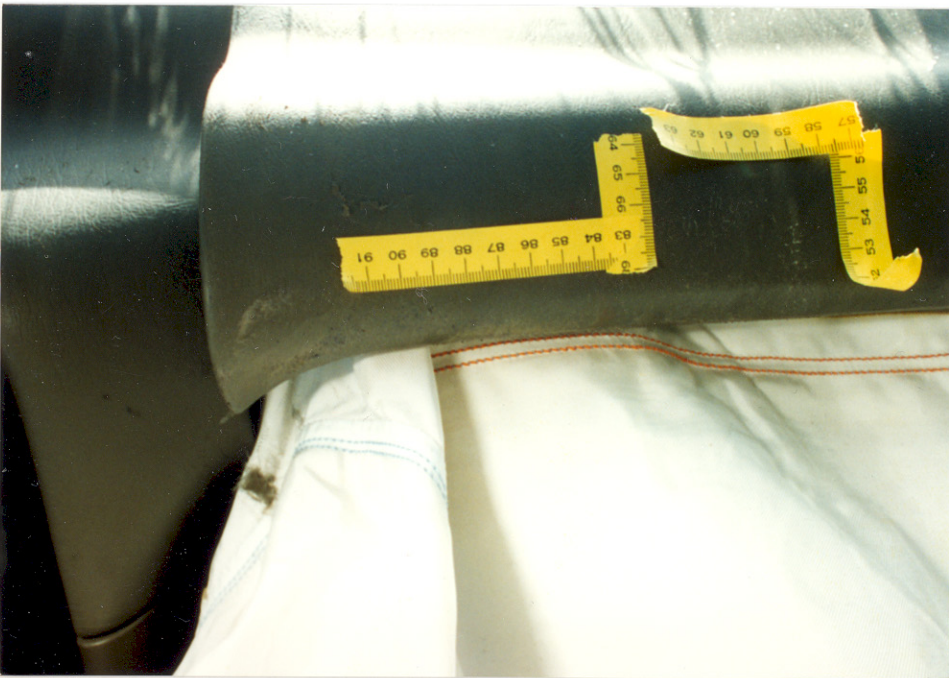
31. Overall view of the right front passenger compartment and the deployed passenger side air bag.



32. Perpendicular view of the deployed passenger air bag.



33. Overall view of the passenger contact evidence on the leading edge of the cover flap.



34. Windshield abrasion and fabric transfers to the left side of the leading edge of the flap.



35. Close-up view of the abrasion pattern.



36. Semi-circular tissue transfer to the mid aspect of the leading edge of the cover flap.



37. Windshield abrasion to the right edge of the cover flap.



38. Overall view of the interior surface of the passenger cover flap.



39. Abraded identification label on inside surface of cover flap.



40. Bag abrasions to the right aspect of the inside surface of the cover flap.



41. Wide band vinyl transfer to the left side of the passenger bag from restricted expansion within the module assembly.



42. Tissue transfer to the left side of the passenger air bag.



43. Close-up view of the tissue transfer.



44. Top panel of the deployed passenger air bag.



45. Fractured and displaced vent louver from the right mid instrument panel.



46. Perforations of the passenger bag adjacent to the inflator.



47. Blood stains on the bottom surface of the passenger air bag.



48. Semi-circular air bag transfer to the windshield above the passenger air bag module.



49. Additional view of the air bag fabric transfer.



50. Cover flap vinyl transfer on windshield.



51. Outward deflection of the glazing from cover flap contact.



52. Fractured interior rear view mirror.



53. Overall view of the rear seat area and occupant contact points.



54. Knee/lower leg contact to the center console.



55. Profile view of the left rear seat position.



56. Left rear seat belt system.



57. Frontal damage to the Pontiac Grand Am.



58. Left front three-quarter view of the Pontiac.



59. Perpendicular view documenting the extent of frontal crush.



60. Left rear three-quarter view.



61. Right side view of the Grand Am.



62. Right front three-quarter view.

ATTACHMENT B

Child Passenger Clothing



1. Air bag cover flap transfers to the center and left sleeve areas of the child's sweater.



2. Vertical transfer to the mid area of the sweater.



3. Cover flap transfer to the left sleeve area.



4. Additional transfer to the collar area of the child's shirt.

ATTACHMENT C

Sensitive Autopsy Photographs

“GRAPHIC” PHOTOGRAPHS AND IMAGES

The following “GRAPHIC” Photographs and Images have been removed from this case.

Photo # C-1, C-2

If you would like a copy of these photographs and/or images please write to:

MARJORIE SACCOCCIO
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER
55 BROADWAY
CAMBRIDGE, MA 02142

In the body of your request please include the case, photograph and image number(s).

DEPARTMENT OF JUSTICE
STATE OF NEW HAMPSHIRE

ATTORNEY GENERAL

NEW HAMPSHIRE



DEPUTY ATTORNEY GENERAL

OFFICE OF THE CHIEF MEDICAL EXAMINER

New Hampshire

- FAX

M.D.

Acting Chief Medical Examiner

AUTOPSY REPORT

CONFIDENTIAL MEDICAL RECORD

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written authorization of Chief Medical Examiner.

NHME CASE NO. 171-96

Date of Birth: 1990 Age: 5 1/2 years

Date of Pronouncement: 1996

Date of Examination: 1996

Examination Commenced: 11:08 am

Autopsy performed at:

New Hampshire

Autopsy performed by:

M.D.

Autopsy Authorized by:

Esquire
Asst. County Attorney
County

County Investigator:

A.D.M.E.

County

Witnesses at autopsy:

Officer

Det.

Det.

Officer

Telephone

FAX

TDD Access: Relay NH

CIRCUMSTANCES OF DEATH

This 5 1/2 year old white male was the right front passenger in his father's car during complex collisions: first collision occurred when the automobile in which the victim was passenger entered an intersection with blinking red light and was struck broadside on the right by a Grand Am; second collision was left frontal with a lamp post. The crash occurred at 11:27 pm on [REDACTED] 96. The decedent was transported to [REDACTED] where he was pronounced dead at 1:46 am.

CONFIDENTIAL MEDICAL RECORD

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EXTERNAL EXAMINATION

The body is identified by [REDACTED] who attached a tag to the covering blanket at the hospital.

Received separately with the body in a bag is the clothing which consists of two knit blue shirts, one of which is long sleeved and cardigan, the other of which is short sleeved and placket front. Both show blood stain on the right sleeve. The short sleeve shirt shows blood stain on the collar as well. They are both cut adjacent to the lateral side seams. There are blue corduroy pants without evidence of significant blood stain. There are white briefs with blood stain on the left back. There are black and white [REDACTED]

There is a monkey plush toy with a small blood stain on the left paw.

The child is received in a green hospital johnny and the lower torso is covered with a blue chux.

EVIDENCE OF THERAPY: There is multiple evidence of therapy.

There is a nasogastric tube through the left naris secured by adhesive tape. The exterior end of the tube is inserted into a latex glove.

There is an oral airway through the center of the mouth secured by adhesive tape.

There is a catheter through the right chest anteriorly, sutured to the skin surface and covered with a gauze and adhesive dressing. There is also a latex glove around the exterior end of this tube containing liquid blood.

There is a catheter through a surgical incision in the left lateral chest sutured to the skin and covered by blood stained gauze and adhesive dressing.

There is a narrow gauge catheter through the penile urethra secured by adhesive tape to the pubic skin where there is evidence of Betadine stain.

There is an electropad of the left anterior shoulder. There is an electropad on the lateral left chest-abdomen.

There is a catheter through the left antecubital fossa secured by adhesive tape.

There is a single coiled catheter with a detached piggy back catheter through the dorsum of the left hand which is enveloped in gauze and tape. There is a simple adhesive bandage and clear plastic bandage over the surface, labeled 9/1 #20.

There is a large elastic bandage over the right wrist which, when removed, shows an apparent catheter puncture site on the dorsum of the right wrist. Distal there is a yellow-brown discoloration which appears to represent a healing contusion and not Betadine stain of skin. There is dried blood on the dorsum of the right hand and in the web space between thumb and index finger.

There is a venipuncture site of the right antecubital fossa.

There is a [REDACTED]
anklet 18920 "John Doe approximate 4 year old".

EVIDENCE OF INJURY: The right ear shows red contused abrasion of the tragus and of the pinna. There is a 1/4 inch upside down "V" laceration below the right ear lobe.

There is extensive raw red abrasion of the right cheek extending in a half moon shape under the right jawline to the left where it terminates in a sharp, straight edge along the left jaw line. It is approximately 6 inches by 5 inches.

Raw red abrasion is superimposed on extensive, complex hemorrhagic contusions of the soft, bulging tissues of the right neck.

Less intense interrupted contusions extend diagonally from the base of the abrasion on the right neck toward the mid-chest in a pattern of parallel linear contusions.

Superimposed overall in kodachrome slides are curved, parallel grayish bands appearing as the edge of a round pattern on the right and mid-neck injury.

4
4
4
4
4

There is a small, 1/4 inch punctate abrasion under the right midline chin.

There is contusion and laceration of the lower lip centrally and paracentrally with focal abrasion of the left anterior lower lip. The upper lip is without apparent injury except for compression marks by tubing.

There are multiple small lacerations of the tongue some associated with contusions and abrasions. The contusions appear to be more lateral than central. A relatively non-hemorrhagic abrasion is seen on the under surface of the central tongue and may be associated with therapy.

Contusion hemorrhages, small in number, extend over the anterior chest where there is faint contusion extending downward to the third or fourth rib anteriorly on the right more than the left. Small punctate contusions are seen also on the left.

The right hand and wrist shows a V shaped, 1/2 inch laceration on the dorsum of the right wrist which may be therapeutic. There are small lacerations of the dorsum of the hand. There are parallel scratches of the web space between the thumb and index finger with contusion in the web space. There are focal abrasions on the inner aspect of the right wrist with small shallow scratch-like abrasions.

There is a jagged 1/4 inch laceration on the dorsum of the left third finger.

GENERAL EXAMINATION: The body is that of a well-developed, well-nourished young male looking the stated age of 5 1/2 years. He measures 45 1/2 inches and weighs 62 pounds.

The skin, except for injury, is unblemished. Scalp hair is black and disheveled and is 3-4 inches long.

Eye color is dark brown with significant opacification of lens. Pupils are central and equal. There is no evidence of scleral or conjunctival hemorrhage.

The nose is unremarkable.

The mouth is deformed by the presence of tubing and tape. There is recent loss of the left upper medial incisor. There is blood in the mouth. There is loss of the left lower lateral incisor with healing. The right upper central incisor is extremely loose.

The neck is asymmetric and severely injured. The left ear is congested but appears to be intact and without injury while the right ear shows evidence of injury.

The thorax is symmetric but shows evidence of injury in the upper chest area adjacent to the neck. There appears to be a postmortem puncture site over the left lower chest above the xiphoid.

The abdomen is only slightly protuberant. There is Betadine stain of the umbilicus. There is either a small (1/4") laceration or a puncture site of the right abdomen approximately 1/4 inch in length.

Genitalia are that of an uncircumcised male. Testes are bilaterally in place.

The right upper extremity shows evidence of injury of the right hand. The nails are cut short. The nail beds are cyanotic. There is cyanosis of the palmar surface of the right hand.

The left upper extremity shows no evidence of injury but blood staining from therapeutic punctures.

Lower extremities show multiple, pale, well-healed scars and small focal healing contusions of the anteromedial and anterolateral right knee. The scars extend from the knees to the ankles, none appear to be recent. The soles of the feet are cyanotic.

The back shows visible and palpable thickening of the back of the neck but no evidence of skin bruising.

Body temperature is cold. The rigor is full and holding and the lividity is posterior, dependant and pinkish blue.

INTERNAL EXAMINATION

The body is opened by the usual Y incision to reveal a less than 1 cm panniculus adiposis. There is copious hemorrhage in the neck and in the anterior chest without obvious fracture of clavicles or ribs. The airway is intact. The left pleural space contains approximately 25 ml of liquid blood; the right pleural space contains 10 ml of liquid blood. There are no adhesions. There are thoracotomy tubes in each pleural space extending anterior and superior. The pericardial sac is intact but contains a copious amount of hemorrhage within the tissue. The cavity is free of fluid and adhesions. The peritoneal cavity contains approximately 50 ml of thin liquid blood and shows no adhesions. The mediastinum is remarkable only in that there is a moderate amount of mediastinal hemorrhage particularly around the base of the heart.

VISCERA

HEART: The heart weighs 160 g. The epicardial surface is smooth and glistening. There are focal hemorrhages of the junction of the superior vena cava with the right atrium and of the inferior vena cava with the right atrium. The coronary arteries are free of arteriosclerosis. The right coronary is dominant. The endocardium is smooth and glistening and shows copious subendocardial hemorrhages. The valves are thin and delicate. The root of the aorta shows no arteriosclerosis. Section of the myocardium is red and beefy.

LUNGS: The right weighs 300 g. The left weighs 240 g. The pleural surface of the left lung shows focal anterior contusions of the contiguous left upper and lower lobes. There is a blush of contusion of the right lower lobe. Otherwise, there are no other significant injuries. The bronchi are lined by a reddened mucosa and contain gastric contents. The vessels show no arteriosclerosis and no emboli. The cut surface of the lungs shows atelectasis of the right lung more than the left and congestion.

SPLEEN: The spleen weighs 90 g. The capsule is smooth. There is a shallow tear of the medial surface of the capsule without significant hemorrhage. The cut section is dusky red with visible Malpighian corpuscles.

LIVER: The liver weighs 860 g with attached gallbladder which measures 4 cm x 1.5 cm x 1.5 cm and contains minimal liquid bile. The cut surface of the liver shows focal subcapsular hemorrhage of the anterior right lobe of liver. The architecture is homogeneous and red-brown.

GASTROINTESTINAL TRACT: The esophagus is surrounded by moderate hemorrhage of the mediastinal soft tissue. It is lined by a pale mucosa. The stomach is lined by a pale mucosa with focal contusions consistent with intubation. The stomach contains a copious supply of tan emulsified liquid with small white particles of partially digested popcorn and a bolus of pinkish gummy material (gum). The duodenum is lined by a pale mucosa and contains similar contents. The remainder of the gastrointestinal tract is unremarkable. The appendix is present and unremarkable.

PANCREAS: The pancreas is pale, soft and lobular.

ADRENALS: The adrenal glands weigh an estimated 4 g each and each is overlain by a 2 mm golden cortex. There is focal hemorrhage about the right adrenal gland.

URINARY TRACT: The right kidney weighs 90 g. The left kidney weighs 80 g. Capsules strip with ease to reveal a pale smooth

subcapsular surface. Corticomedullary demarcation is distinct and made more distinct by the pallor of cortex. Pelvocalyceal system is unremarkable. Ureters are unremarkable. The urinary bladder contains no urine and is lined by a pale mucosa. The urethra is unremarkable. The prostate is not examined.

GENITAL TRACT: The testes are examined by palpation only and are unremarkable. They are not removed.

VASCULAR SYSTEM: The aorta is elastic without significant arteriosclerosis. The inferior vena cava is free of emboli.

LYMPHATIC SYSTEM: There is no significant pathology.

NECK ORGANS: The hyoid bone is intact. The left hyoid bone is twice as thick as the right hyoid bone. It appears to be duplicated and fused. The thyroid cartilage is intact. The thyroid gland weighs an estimated 10 g and is dark red and homogeneous. There is extensive blood clot over the surface of the thyroid.

The thymus weighs 60 grams and extends over the upper mediastinal structures, particularly the pericardial sac. There is extensive blood clot over the surface of the capsule but on cut section, the thymus is intact with only small petechial hemorrhages.

The epiglottis and aryepiglottic folds are edematous but the airway remains patent. The larynx and trachea are not edematous. There is focal red discoloration of the mucosa consistent with intubation but it is otherwise intact.

There are no significant gastric contents at the level of the larynx and trachea despite the fact that gastric contents are seen both in the hypopharynx and in the bronchi.

Major vessels of the neck are intact. There is considerable hemorrhage in the muscles of the right neck.

MUSCULOSKELETAL SYSTEM: There is complete atlanto-occipital dislocation more widely separated on right than left. The odontoid is intact. ✓

BONE MARROW: Not examined.

BRAIN: The brain weighs 1,490 grams in the fresh state. The brain is exposed by the usual intermastoid incision to reveal multifocal sub-galeal hemorrhages involving the right superior frontal and parietal areas and the right temporo-parieto-occipital scalp where there is considerable hemorrhage. Smaller left parietal and occipital hemorrhages are also present. There is significant tearing of the periosteum from the skull surface over the right occipital bone. There is extensive hemorrhage in ✓
✓
✓

the posterior aspect of the neck. There are neither epidural nor subdural hemorrhagic collections. There are small focal subarachnoid hemorrhages over the surface of the brain, posterior more than anterior. The vessels of the Circle of Willis are free of arteriosclerosis. The basilar artery is torn free. There is complete atlanto-occipital dislocation fracture and transection of the cervical spinal cord approximately 1 cm distal to the medullary bulge. The brain is fixed prior to further dissection.

SPINAL CORD: Spinal cord is removed to disclose thick liquid blood in the subdural space of the lumbar spine surrounding the cord. The cord is pulled down to disclose a torn upper cervical spine surrounded by hemorrhage. The upper cervical spine is dissected longitudinally to show hemorrhages in the substance of the upper cervical cord prior to being fixed with the brain.

BRAIN FOLLOWING FIXATION:

Brain and brainstem examination on [REDACTED]/97, performed by [REDACTED]

HEAD AND CENTRAL NERVOUS SYSTEM: Brain weight is 1,500 grams in the fixed state. The cerebral and cerebellar hemispheres are symmetrical; there is obliteration of the sulcal depths and flattening of the gyral crests. The sulci and gyri possess a normal pattern throughout. Present is subarachnoid hemorrhage over the cerebral convexities bilaterally. The blood vessels at the base of the brain are in their normal anatomic location and show no atheromatous plaque formation or aneurysm. Multiple coronal sections reveal mild compression of the cerebral ventricular system. Present is punctate laceration of the left superior frontal white matter over a 1 inch area. There are faint contusional tears to both the frontal and parietal gray matter of the left cerebral hemisphere, to 1/4 inch maximum dimension. Present are 1/8 inch lacerations to the bilateral superior cerebral peduncles. There is wrapping of the brainstem by the cerebellar tonsils. Multiple transverse sections of the bilateral cerebellar hemispheres show no sign of recent or remote traumatic or other pathologic lesions, except as noted above.

TOXICOLOGY: A postmortem vitreous sample is submitted for ethanol.

Toxicology report received [REDACTED]/96 is negative for ethanol.

URINE: Saved.

POSTMORTEM BLOOD: Saved.

DIAGRAMS: Two preliminary diagrams are made immediately following autopsy.

Two diagrams of head and neck are made following review of limited number of kodachrome slides provided and color photographs.

PHOTOGRAPHS: Multiple photographs are taken by the [REDACTED] in 35 mm slide format and by the [REDACTED] Police Department for color photograph format.

Received for review in [REDACTED], 1996 are 50 4x6 color photographs and 5 kodachrome slides.

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X-RAYS: CT scans taken at the hospital are provided. Reproduction or disclosure is forbidden without written authorization of Chief Medical Examiner.

CULTURES: None.

SPECIAL STUDIES: None.

STOCK TISSUE: Saved.

MICROSCOPICS: None.

PRELIMINARY ANATOMIC DIAGNOSES

- I. ✓ Atlanto-occipital dislocation and fracture with
 - ✓ A. Subgaleal hemorrhages, right > left
 - ✓ B. Laceration of right occipital periosteum
 - ✓ C. Transection of basilar artery
 - ✓ D. Transection of upper cervical cord
 - E. Odontoid process intact

II. Extensive raw, red abrasion of the right neck
superimposed on contusions of right neck with

- A. Hemorrhage into right and posterior neck
tissues
- B. Patterned injury of right neck
- C. Patterned injury of right upper chest.

✓ III. Contusions of both lungs, left > right

✓ IV. Shallow laceration of capsule of spleen

✓ V. Subcapsular hemorrhage of right lobe of liver

VI. Evidence of shock with

- ✗ A. Subendocardial hemorrhages of left ventricle
- B. Pallor of kidneys

VII. Congenital deformity of left hyoid bone

VIII. Multiple evidence of therapy

ATTACHED: [REDACTED]
Report ([REDACTED]).

MANNER OF DEATH: Accident.

[REDACTED], M.D.
Acting Chief Medical Examiner

[REDACTED] 1/97
Date

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written authorization of Chief Medical Examiner



STATE OF NEW HAMPSHIRE

TDD Access: Relay NH
Agency Phone:

1996

Office of the Chief Medical Examiner

NH

Re:

Dear Acting Chief Medical Examiner:

The sample of vitreous humor, and seal said to belong to was received by on 1996 from at the Chief Medical Examiner's office and analyzed for alcohol content. Results appear below.

| <u>Test</u> | <u>Results</u> | <u>Minimum limit of detection</u> |
|-------------|----------------|-----------------------------------|
| Ethanol | 0.00 g/100 ml | 0 g/100 ml |

Pursuant to the remaining sample is being held for thirty (30) days. Any unclaimed sample(s) will be destroyed.

Sincerely,

Ph.D.

Toxicologist
Public Health Laboratories

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NAME: [REDACTED]

ME # _____

STATE OF NEW HAMPSHIRE

[REDACTED]
[REDACTED] New Hampshire [REDACTED]
[REDACTED] - FAX ([REDACTED])

INVESTIGATION REPORT

CASE REFERRED FOR AUTOPSY

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County: [REDACTED]

County ME: [REDACTED]

NAME: [REDACTED]

ADDRESS: [REDACTED]

SS# _____
DOB: [REDACTED] 90 AGE: 5

ME Notified By: [REDACTED] of [REDACTED] at 2:10 Am

Date of Death: accident: @ _____ m Witness _____
Last Known Alive: [REDACTED] 96 @ 11:27 pm By parents
Found Dead: @ _____ m By _____
Pronounced: [REDACTED] 96 @ 1:46 A m By [REDACTED]

Place of Death [REDACTED] City/Town [REDACTED]
[] DOA [X] ER [] OR/RR [] Nursing Home [] Residence [] Other: _____

Incident: MVA - passenger
Work Related: [] Yes [X] No
Date: [REDACTED] 96 Time: 11:27 PM
Location: [REDACTED] NH [REDACTED]

Resp
ME @ Scene: [REDACTED] @ 2:40 am
ME Left Scene: [REDACTED] 96 @ 6:15 Am
(MV) Method/Weapon: 1995 Sonata (grey)
struck by 1988 Grand Am (Red)
Disposition: Towed per [REDACTED]

Investigation by [REDACTED] Agency: [REDACTED] Phone: [REDACTED]
[REDACTED] Agency: [REDACTED] (PI) Phone: [REDACTED]
[REDACTED] Agency: [REDACTED] Phone: [REDACTED]

Consulted With: [REDACTED] Date/Time: [REDACTED] 96
[REDACTED] Date/Time: 3:55 Am

County Atty: [REDACTED] Notified: Yes By: @ scene

Next of Kin: [REDACTED] Relationship: parents Legal NOK
Address: SAME Phone: [REDACTED] [X] Yes [] No

Alternate Contact: _____ Relationship: _____
Address: _____ Phone: _____

Funeral Home: [REDACTED] Phone: [REDACTED] Bill to County
Release To: [REDACTED] Phone: [REDACTED] [X] Yes [] No

Organ Donation: Declined to ask parents: Very Emotional + Over-wrought;
did not want autopsy/cutting

NAME: [REDACTED]

ME #: _____

Page 2

CIRCUMSTANCES OF DISCOVERY:

this 5½ yo male child was unrestrained front seat pass. in car driven by father. accdg. to [REDACTED] witnesses report this family's car went thru a red (blinking) light @ [REDACTED] crossing [REDACTED] WB automobile (1988 red grand am) struck the family vehicle in pass. side door & then this vehicle struck a large steel Elec. Cr. pole on oppos. corner. Air bag deployed but not precisely known @ which point this occurred at this time. Father [REDACTED] was driving - no injuries. mother was in driver side rear seat [REDACTED] 440 female sibling on her lap. mother has fx Ra. distal/rh (L) & (R) knee injury. Child has (reportedly) only few scratches.

HISTORY: (Medical, Social, Family)

Attending Physician: _____

Phone: _____

unknown: PMD

Previously healthy child

Family of 4 - 2 parents, 2 children & large # of friends & extended family @ hosp.

MEDICAL RECORDS : Reviewed: [] Yes [] No Attached: [] Yes [] No
Other: _____

MEDICATIONS: (Include Pharmacy Information)

None known

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SCENE INVESTIGATION: [REDACTED] St. [REDACTED] St. Intersection

Weather: Lr. Rain / overcast

Temp: 60°

Humidity: _____

this inv. on scene - 3:15- 4:00 AM. Consulted @ [REDACTED] then spoke @ [REDACTED] @ 3:55 AM.
Vehicle - 1995 Sonata - Reg. [REDACTED] is resting against lt. pole & impact point driver's side front against pole. Prelim. impact on pass. side = 8 1/4" intrusion (per [REDACTED])
Blood on floor seat & blood is noted on seat belt buckle on (C) pair of seat. No blood noted on seat belt or tongue plate on door side & this is fully retracted to n'l position. A stuffed monkey in seat presumed to be child's was taken to hosp. & permission of [REDACTED] states prelim. invest. & witness statements indicate vehicle speeds at or below posted speed limit of 30 mph. Per Capt. Cross: No liability on 1988 Grand Am. Father of child is expected to be cited for failure to restrain child & age 12+ traffic light violation. Per [REDACTED] - Case will be presented to Grand Jury.

NAME: [REDACTED]

ME #: _____

Page 3

EXTERNAL EXAMINATION

EXAMINATION:

Conducted at: [REDACTED] Date and Time: 4¹⁵am [REDACTED] 96
Authorized by: [REDACTED] Witnesses: _____IDENTIFICATION: Confirmed: ☒ Yes ☐ No Method: Parents @ Hosp. & child

Dental ID Only: Name/Address/Phone of Dentist: _____

Photographs: Scene: ☐ Polaroid ☒ 35 mmLIVIDITY: Date and Time of Assessment: [REDACTED] 96 4¹⁵am
Appropriate for position ☒ Yes ☐ No Explain: posterior - just developing. Patchy + reduced
☐ Absent ☒ Reduced ☒ Patchy ☐ Ill-Defined ☐ Developed ☐ Well-Developed
Location: _____ Color: _____ Blanches: ☒ Readily
☐ Sluggishly ☐ Fixed ☐ Shifting _____RIGIDITY: Date and Time of Assessment: [REDACTED] 96 4¹⁵am
Jaws ☒ None ☐ Slight ☐ Moderate ☐ Full ☐ Marked/Muscular
Hnds ☒ None ☐ Slight ☐ Moderate ☐ Full ☐ Marked/Muscular
Arms ☒ None ☐ Slight ☐ Moderate ☐ Full ☐ Marked/Muscular
Legs ☒ None ☐ Slight ☐ Moderate ☐ Full ☐ Marked/Muscular
☐ Developing ☐ Receding Factors Affecting: _____
If rigor has been broken explain: _____
Temperature: To Touch: _____ Rectal: F @ m Refrig: ☐ Y ☐ NEYES: Date and Time of Assessment: [REDACTED] 96 4¹⁵Am
☒ Closed ☐ Open Color: _____ Arcus: _____ Opacities: _____ Tache Noire: _____
Petechiae: _____ Congestion: _____ Other: _____
Corneas: ☐ Moist ☐ Dry ☒ Clear ☐ Sl. Cloudy ☐ Cloudy
Pupils: Round ☒ R ☒ L Irreg. ☐ R ☐ L Diameter: _____ mm R _____ mm LOTHER POSTMORTEM CHANGES (Describe decomposition changes if present):

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written authorization of Chief Medical Examiner.BRIEF DESCRIPTION OF PHYSICAL FINDINGS: Blood in oropharynx. CT scan documents severe C-spine injury. Ace bandage to R wrist. - ? injury vs IV access. IV/bandage (L) wrist/hand. Neck shows swelling, contusion, abrasion.Body of Child removed to [REDACTED] @ 5:45 Am after final viewing by family.

NAME: [REDACTED]

ME #: _____

Page 4

TOXICOLOGY: Antemortem Specimens ☒ Yes ☐ No _____
Other Pertinent Reports: _____

EVIDENCE IN CUSTODY OF POLICE: _____

Officer: _____ Agency: _____ Phone #: _____

MISCELLANEOUS: Toy monkey & child; *To remain & child @
reg. of parents.

Body to [REDACTED] where it will remain in cooler until seen
Sum [REDACTED] Will transp. to [REDACTED] Parents advised - may view
child one more time prior to [REDACTED] present - [REDACTED]
to sched. [REDACTED] will call [REDACTED] of [REDACTED]
[REDACTED] - family parish - He is bilingual -
will request home visit to parents to asst. & arrangements
& grief counseling.

[REDACTED]
Forensic Death Investigator

If interpreter is needed, contact:

[REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED]

[REDACTED]-96 - No visits / viewing prior to transp. to [REDACTED]

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EMPSHIRE EMS Patient Record

ALS #2 DATE 96 NH Lic # Mo. Day Year Call #

ACHED TO Medical Facility or Street City/Town State NH

PATIENT NAME Last First M.I. Phone #

Address City/Town State NH Zip

Mo. Day Year AGE 06 F ☒ M ☐ Weight Patient Status 1-2-3-4 3 Trauma Score

Relationship Phone # Trauma Team ☒ ACTIVATED

CHIEF COMPLAINT TRAUMATIC CARDIAC ARREST

PRESENT ILLNESS/MECHANISM OF INJURY

PAST MEDICAL HISTORY

Allergies UNK BEST AVAILABLE COPY

Meds Rx: UNK

Pertinent Med/Surg. Hx: UNK

Medical I.D. for: Patient's MD

EMS RESPONSE TIMES

DISPATCH 2324 RESPONDING 2325 ARRIVE SCENE 2326

LEAVE SCENE 2337 AT HOSPITAL 2337 IN SERVICE 0025

E (24 Hour)

| L.O.C. | PULSE | BP | RESPIRATIONS | LUNG SOUNDS | PUPILS | SKIN | TEMPERATURE |
|--------|---|-----|---|---|---|--|--|
| AV | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irreg <input type="checkbox"/> Strong <input type="checkbox"/> Weak | 0/0 | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow | L R SOUNDS Clear Absent Stridor Rales Rhonchi Wheezes | L R <input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Unreactive <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Dilated <input type="checkbox"/> Unequal | <input type="checkbox"/> Normal <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Flushed <input checked="" type="checkbox"/> Pale | <input type="checkbox"/> Normal <input type="checkbox"/> Warm/Hot <input checked="" type="checkbox"/> Cool/Cold |
| AV | <input type="checkbox"/> Regular <input type="checkbox"/> Irreg <input type="checkbox"/> Strong <input type="checkbox"/> Weak | 1/1 | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow | X X | X X | | |
| AV | <input type="checkbox"/> Regular <input type="checkbox"/> Irreg <input type="checkbox"/> Strong <input type="checkbox"/> Weak | 1/1 | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow | | | | |
| AV | <input type="checkbox"/> Regular <input type="checkbox"/> Irreg <input type="checkbox"/> Strong <input type="checkbox"/> Weak | 1/1 | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Labored <input type="checkbox"/> Shallow | | | | |

NARRATIVE should include a complete chronological flow of events including times, patient condition, each procedure and its effect upon the patient's condition.

Time Treatment Results/Observations NH ALS#

called for car vs. pole. P.T. had a (C) OF TRAUMATIC CARDIAC ARREST. (4) PT
involved in AIR BAGS deployed. PT. found partially under dash; CPR
done by bystanders. (A) reveals a y/o ♂ found in cardiac arrest. Trauma Team
initiated. PT. placed in c-collar + on and placed in ambulance. PT. had small
wound on (R) side of neck, poss (R) wrist fx (open), ventilations
assisted via BVM, intubation attempted, but was unsuccessful, IV established
- (L) A/C, during intubation PT. became asystolic and CPR was initiated.
other ALS done to extreme close proximity to hospital. (R) IV NS 156 (L) AC
assisted ventilations, c-collar. (1) was 3 minutes in difficulty. PT.
given over to Trauma Team @ (R)

CAL Name of Physician: Name of Hospital: Verbal Order ☐ Standing Order ☒

AMBULANCE CREW and LICENSE #: Paramedic Primary Care Attendant

FIRST RESPONSE



First Responder Service: Fire Rescue
Arrival Time: _____ Service #: _____

Prior Care by: ☒ First Responder ☐ MD/RN ☐ Fire ☐ Police ☒ Bystander
Aid Given: ☐ Moved Patient ☒ CPR ☐ Other: _____

TYPE OF AMBULANCE RESPONSE

TO Scene: ☒ Emergency ☐ Mutual Aid ☐ Non-Emergency ☐ Cancelled En Route
FROM Scene: ☒ Transport ☐ Transfer ☐ No Transport ☐ Care Refused

TYPE OF CALL MECHANISM OF INJURY SCENE

| | | |
|--|--|--|
| <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Behavioral <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Diabetic <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heat/Hyperthermia <input type="checkbox"/> Hypothermia/Frostbite <input type="checkbox"/> Neurological <input type="checkbox"/> Ob/Gyn <input type="checkbox"/> Poisoning/Overdose <input type="checkbox"/> Respiratory <input type="checkbox"/> Toxic Exposure <input checked="" type="checkbox"/> Trauma <input type="checkbox"/> Urinary Tract <input type="checkbox"/> Vascular <input type="checkbox"/> OTHER: <u>Cardiac Arrest</u> | <input checked="" type="checkbox"/> Vehicle Type: <u>7 Honda</u> <input checked="" type="checkbox"/> Air Bag Inflated <input type="checkbox"/> Restraint used <input type="checkbox"/> Child restraint <input type="checkbox"/> Helmet used <input type="checkbox"/> Drowning/Suffocation <input type="checkbox"/> Electrical <input type="checkbox"/> Fall <input type="checkbox"/> Fire <input type="checkbox"/> Organized Sports <input type="checkbox"/> Stab/Gunshot <input type="checkbox"/> Tool/Object: <u>Specify</u> <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> Farm <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Logging <input type="checkbox"/> Medical Facility <input type="checkbox"/> Public Building/Place <input type="checkbox"/> Recreational <input type="checkbox"/> School <input checked="" type="checkbox"/> <u>Street</u> Highway <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> AT WORK <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Mass Casualty |
|--|--|--|

CARE GIVEN PATIENT

| | |
|--|---|
| <input checked="" type="checkbox"/> AIRWAY Opened <input checked="" type="checkbox"/> Manually Cleared <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Oropharyngeal <input type="checkbox"/> EOA <input type="checkbox"/> successful <input checked="" type="checkbox"/> ET <input type="checkbox"/> successful <input type="checkbox"/> NTT <input type="checkbox"/> successful <input checked="" type="checkbox"/> Suction <input type="checkbox"/> Cricothyroid Needle Puncture <input checked="" type="checkbox"/> OXYGEN Administered <input type="checkbox"/> Cannula _____ L/m <input type="checkbox"/> Simple Mask _____ L/m <input type="checkbox"/> Non-rebreather _____ L/m <input checked="" type="checkbox"/> BREATHING Assisted <input checked="" type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Demand Valve <input type="checkbox"/> Pocket Mask <input type="checkbox"/> BLEEDING Controlled <input type="checkbox"/> Bandage/Dressing Applied <input type="checkbox"/> Intraosseous infusion <input checked="" type="checkbox"/> IV attempted <input checked="" type="checkbox"/> successful MAST inflated: <input type="checkbox"/> Legs <input type="checkbox"/> Abdomen | CARDIAC Care <input checked="" type="checkbox"/> CPR <input type="checkbox"/> Cardioversion X _____ <input type="checkbox"/> Defibrillation X _____ <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Pacing <input type="checkbox"/> Drug Administration TRAUMA Care <input checked="" type="checkbox"/> Extrication <input checked="" type="checkbox"/> Cervical Immobilization <input type="checkbox"/> Short Board <input checked="" type="checkbox"/> Long Board <input type="checkbox"/> Burn Care <input type="checkbox"/> Chest Decompression <input type="checkbox"/> Sling/Swathe <input type="checkbox"/> Splint, type: _____ <input type="checkbox"/> Splint, traction <input type="checkbox"/> OB/GYN Care/Childbirth <input type="checkbox"/> Restraint applied <input type="checkbox"/> OTHER CARE: _____ |
|--|---|

ODOMETER MILEAGE

START: _____ SCENE: _____ DESTINATION: _____ LOADED MILES: _____

HOSPITAL DATA LINKAGE

Initial VITAL SIGNALS: B/P: 0/0 PULSE: 0 RESP: 0 TEMP: _____ (°C)

PATIENT DISPOSITION: ☐ ADMITTED ICU/CCU ☐ ADMITTED MED SURG ☐ ADMITTED TO SURGERY ☐ DISCHARGED Other: _____
☐ DISCHARGED HOME ☐ DOA ☐ DIED ☐ TRANSFERED TO _____

SIGNS and SYMPTOMS by SITE

(Mark boxes that apply with an X)

| | AMPUTATION | BLEEDING | BLUNT/CRUSH | BURN | DEFORMITY/SWELL | LOSS OF SENS | NUMBNESS/T | PAIN | PARALYS | WOUND |
|--------------------------|------------|----------|-------------|------|-----------------|--------------|------------|------|---------|-------|
| HEAD | | | | | | | | | | |
| FACE / EYE / EAR | | | | | | | | | | |
| NECK / THROAT | | X | | | | | | | | |
| CHEST | | | | | | | | | | |
| BACK | | | | | | | | | | |
| ABDOMEN | | | | | | | | | | |
| UPPER ARM / SHOULDER | | | | | | | | | | |
| LOWER ARM / ELBOW / HAND | | | R | | | | | | | |
| UPPER LEG / HIP | | | | X | | | | | | |
| LOWER LEG / KNEE / FOOT | | | | | | | | | | |

SIGNS and SYMPTOMS

| | | |
|--|---|--|
| <input type="checkbox"/> Altered Mental Status | <input type="checkbox"/> Cold/Shivering | <input type="checkbox"/> Respiratory Arrest |
| <input type="checkbox"/> Apparent Death | <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Vision Impaired |
| <input type="checkbox"/> Breathing Difficulty | <input type="checkbox"/> Hot/Feverish | <input checked="" type="checkbox"/> OTHER: <u>LAC Neck</u> |
| <input checked="" type="checkbox"/> Cardiac Arrest | <input type="checkbox"/> Nausea/Vomiting | |

GLASGOW COMA SCALE

| | | |
|----------------------|-------------------------|---|
| Eye Opening Response | SPONTANEOUS | 4 |
| | TO VOICE | 3 |
| | TO PAIN | 2 |
| | NONE | 1 |
| Best Verbal Response | ORIENTED | 5 |
| | CONFUSED | 4 |
| | INAPPROPRIATE WORDS | 3 |
| | INCOMPREHENSIBLE SOUNDS | 2 |
| Best Motor Response | NONE | 1 |
| | OBEYS COMMANDS | 6 |
| | LOCALIZES PAIN | 5 |
| | WITHDRAWS (PAIN) | 4 |
| | FLEXION (PAIN) | 3 |
| | EXTENSION (PAIN) | 2 |
| | NONE | 1 |

REVISED TRAUMA SCORE

| | | |
|---|-------------|---|
| GLASGOW COMA SCALE (GCS) (Total points from left) | 13-15 | 4 |
| | 9-12 | 3 |
| | 6-8 | 2 |
| | 4-5 | 1 |
| Systolic Blood Pressure | > 89 mm HG | 4 |
| | 76-89 mm HG | 3 |
| | 50-75 mm HG | 2 |
| | 1-49 mm HG | 1 |
| Respiratory Rate | No Pulse | 0 |
| | 10-29/min | 4 |
| | > 29/min | 3 |
| | 6-9/min | 2 |
| | 1-5/min | 1 |
| | None | 0 |

Total GCS Points: 3 Apply this score to the GCS portion of Trauma Score at right

TOTAL TRAUMA SCORE: 0

BILLING INFORMATION

Guarantor's Name: _____ Relationship: _____
Address: _____ Phone #: _____
City: _____ State: _____ Zip: _____

SPECIAL BILLING INSTRUCTIONS: (Social Security #, Other Insurance, etc.)

| | | |
|--|---|--|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Workman's Comp. |
| <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Private No Insurance | <input type="checkbox"/> VA |
| <input type="checkbox"/> Other | | |

Inpatient Record#

ITEMIZED STATEMENTS UPON REQUEST

BEST AVAILABLE COPY
MEDICAL RECORDS

| | | | | | | | | | | | |
|--------------------------|--|-----------------------|--|------------------|--|---------------------------------------|--|-----------------------|--|-----------------|--|
| OPD/ER REGISTRATION FORM | | MEDICAL RECORD NUMBER | | ADMISSION DATE | | TIME | | ACCOUNT NUMBER | | BY | |
| NAME, ADDRESS, PHONE | | DATE OF BIRTH | | MAIDEN NAME | | EMERGENCY - NAME, RELATIONSHIP, PHONE | | | | | |
| AGE | | SEX | | MS | | SSN | | NH | | | |
| DIAGNOSIS/COMPLAINT | | ACCIDENT TYPE | | DATE | | W.C.? | | DIAG. CODE | | NH | |
| RELATION | | EMPLOYER | | PATIENT EMPLOYER | | SERVICE | | ARRIVAL MODE | | PREV. ADMISSION | |
| PRIMARY - INS. VER. | | SECONDARY | | 3RD INSURANCE | | ATTENDING PHYSICIAN | | ADM/PRIVATE PHYSICIAN | | | |
| RELIGION | | DISCHARGE DATE | | | | | | | | | |

| | | | | | | | |
|---------------------|-------------|---|---|------|----------|------|-----------------|
| TEMP. | ORAL RECTAL | P | R | B.P. | LAST TET | LNMP | TESTS REQUESTED |
| ALLERGIES: | | | | | | | MEDICATION: |
| HISTORY & PHYSICAL | | | | | | | |
| Seen on accident | | | | | | | |
| Dictated. | | | | | | | |
| 7002 34.0 | | | | | | | |
| 7002 34.4 - 32000 | | | | | | | |
| 7002 37.0 | | | | | | | |
| 50976 57.90 - 53070 | | | | | | | |
| 1470 54.25 - 49080 | | | | | | | |
| 83342 96.04 | | | | | | | |
| 7002 09.04 | | | | | | | |
| 7002 99.60 | | | | | | | |

| | | | | | | |
|--|----------------------|--------------------------------|----------------|-------------------------------|-----|---------|
| IMPRESSION: Multiple Trauma | | | | | | |
| Traumatic (accident) spinal cord @ O-A level | | | | | | |
| DISP DATE & TIME | TREATED & DISCHARGED | ADMIT - RM | TRANSFERRED TO | AMA | DOA | EXPIRED |
| ATTENDING NURSE SIGNATURE | | CONSULTING PHYSICIAN SIGNATURE | | ATTENDING PHYSICIAN SIGNATURE | | |
| CONSULTANT NOTES | | | | | | |
| ATTENDING AND | | | | | | |
| END: | | | | | | |
| ON FILE: N | | | | | | |
| CURRENT: N | | | | | | |
| HAVE ONE: N | | | | | | |
| INFO GIVEN: | | | | | | |

NH

EMERGENCY DEPARTMENT NOTE

DOB [REDACTED] 1990

EMR

MR [REDACTED]

[REDACTED] 96

CHIEF COMPLAINT: Motor vehicle accident, trauma, full arrest.

HISTORY OF PRESENT ILLNESS: This patient is a 6-year-old male transported by [REDACTED] on a spine board with cervical collar and immobilization in place. He was originally called to us as a 4-year-old in full arrest after motor vehicular trauma in close proximity to our facility. The patient was a front seat passenger in a car that deployed its air bag on the passenger side. The patient evidently was not restrained. The patient's car was evidently struck by another vehicle and then went head on into a telephone pole. The patient was found in the front seat with legs under the dashboard. He was pulseless and apneic, unresponsive. Bystander CPR was reportedly initiated. When [REDACTED] arrived, they found the patient pulseless and apneic. An attempt to intubate him failed as he had vomited copious amounts. An IV was established by the [REDACTED]. The patient was transported to the [REDACTED]. The patient was in the [REDACTED] within 13 minutes of the call that was placed to the [REDACTED]. On arrival, the patient was being bagged with 100% oxygen. There was poor ventilation with this. He was pulseless and unresponsive. Cardiac monitor showed a relative bradycardia, 70 per minute, what appeared to be a junctional rhythm with occasional atrial activity. The patient had vomited copious amounts of gastric contents. His oropharynx and mouth were full of chunks of large food particles, cheese, etc. Particles were so large that it was plugging the largest of suction devices and hosing, and manually extracted several pieces of solid emesis and continued to suction. We bagged the patient some more. I had palpated his anterior neck and noted that there was some swelling and the cricoid ring was not readily discernible. A straight blade was used to visualize the patient's epiglottis. The cords were not well visualized. A #4 endotracheal tube was placed and we were able to obtain breath sounds with this. We oxygenated the patient this way, but were having problems with significant leakage. The airway was still in question and I was not absolutely certain of tube placement after awhile as the formerly heard symmetrical breath sounds were less evident. The tube was removed and we bagged the patient with 100% oxygen. [REDACTED] from the [REDACTED] then re-intubated the patient; this time, with a larger endotracheal tube. Meanwhile, during these efforts the patient was given a fluid bolus of normal saline, appropriate labs were ordered and we ordered type O blood. The patient was given epinephrine and then a double dose of epinephrine based on a 17 kilogram initial estimated weight. He was also given Atropine. With this, he developed good heart tones and good strong femoral and radial pulse. The earliest blood pressure that we obtained was in the 40's. When blood was available, he was transfused warmed packed red blood cells. During the course of resuscitation he received a total of two units. He received a total of 1.5 liters of crystalloids. All fluids were warm. Warming lights were immediately placed over the patient.

ORIGINAL

Intermittently, the patient lost his pulse and blood pressure and CPR was necessary. He received multiple doses of epinephrine with resultant return of pulse. On arrival the patient's pupils had been fixed and dilated. He did have some anterior neck swelling and a small puncture type wound of the right anterior neck that was oozing some blood. During the course of the resuscitation, massive swelling developed anterior and right lateral neck and in the suprasternal notch area. There was also swelling extending over to the left side and up to the left angle of the jaw as well, but not quite as prominent as on the right. It was very tense and was a hematoma that was expanding. We had a great deal of difficulty ventilating the patient with high pressures. He had decreasing breath sounds, yet the endotracheal tube was placed appropriately, we determined. I used an 18 gauge needle attached to a 30 cc syringe, placed this in the anterior mid-clavicular line secondary to costal space with a negative aspiration on the left, positive aspiration on the right. I obtained approximately 60 ml of air on the right. [REDACTED] was the surgeon who responded to this trauma alert. He placed a chest tube on the right side while concurrently I placed one on the left. [REDACTED] placed his anteriorly. Mine was anterolateral in the left anterior axillary line, 4th intercostal space. A small amount of blood was obtained from the left chest tube. After the initial aspiration of the tension pneumo on the right, there was increased compliance and we were able to ventilate the patient better and achieve higher tidal volumes under less pressure. After a period of time, though, the same situation developed with high pressures and low tidal volume. It was evident clinically and by a chest x-ray that he had gastric distention. The patient responded to the placement of gastric tube by [REDACTED]. We had attempted one earlier, but we could not get passage. [REDACTED] had also placed a Foley catheter and there was no urine output through the resuscitation. [REDACTED] performed peritoneal lavage and this was negative. We had a great deal of difficulty maintaining a pulse in this patient despite the administration of the blood and fluids. Throughout the resuscitation, [REDACTED] was present and facilitated contact with [REDACTED]. I also spoke to several individuals there. The first one was [REDACTED] the second [REDACTED], and the third [REDACTED]. The helicopter was not available because of weather. The problem was trying to attain any degree of stability in this patient so that he might even survive transport was proving difficult. The patient had no response to any stimuli throughout his course here. I performed a digital rectal exam and his tone was flaccid. There was no blood. Examination of the extremities showed clinical open fracture of the right distal radius. This was splinted during the resuscitation period.

LABORATORY DATA: Sodium 143, potassium 3.9, chloride 113, CO2 14, glucose 159, BUN 14, creatinine 0.7. WBC count 8.0, hemoglobin was 8.2, hematocrit 27.3. His protime was 18.4, PTT was over 240, INR was 2.31.

It was evident that he was going into DIC. He was given 200 ml of fresh frozen plasma. We were able to bring the patient to CAT scan. Over in CAT scan his blood pressure and pulse kept deteriorating and

he was becoming more dependent on epinephrine boluses intermittently. He was placed on an epinephrine drip. I used an 18 gauge spinal needle to attempt to aspirate pericardium. The tap was negative. He had a very short 6 beat episode of V-tach when I came in contact with the pericardium. The CAT scan was performed revealing massive edema of the brain. He also had transection of the cervical cord at the occipital atlanto level. There was distraction of the atlantis (C1) from the base of the occiput by an inch or more. As this is a non-survivable lethal injury, any further resuscitative efforts would have been futile. The situation was discussed with the patient's parents by [REDACTED] and further resuscitative measures were discontinued. ✓

IMPRESSION:

1. Multiple trauma.
2. Transection cervical spine cord at the O-A level. ✓

DISPOSITION: Medical examiner is here assessing his case.

[REDACTED] 7/96 5:03 A
[REDACTED] 7/96 8:36 A

[REDACTED] D.O.

NH

CONSULTATION

DOB [REDACTED] 1990

[REDACTED] /96

PROBLEM: Death from a severed spinal cord due to a craniocervical dislocation.

HISTORY: This is going to be a time and event oriented dictation. The patient was a 5-year-old who was allegedly riding in the front passenger seat when the car being driven by his father was involved in an automobile accident and the air bag deployed. Emergency medical technicians were on the scene within 2 minutes and reported that there was no spontaneous respirations from the time they saw him and they report that he was laying in the front seat of the car with his legs underneath the dashboard.

I arrived at about 12:15, which was approximately 20-30 minutes after he arrived here in the [REDACTED]. He had an endotracheal tube in place and he had an IV running. He was getting Ringer's Lactate. His abdomen appeared to be distended. We then ended up checking both sides of his thorax and there was air in the thorax, hence chest tubes were placed in each chest. I placed the chest tube on the right. I then placed the #6 French pediatric feeding tube into his bladder which showed clear urine, but he never made any urine during the time of his being worked on. After the nasogastric tube was placed his abdomen became much less distended and it was easy to breathe for him. I placed a peritoneal dialysis catheter through the right lower quadrant of his abdomen, ran in 200-300 cc of Ringer's Lactate, and the fluid we got back had absolutely no blood in it. The patient had an open fracture of the right distal forearm which was bleeding pretty much throughout the entire time. The dressing was changed on 2 or 3 occasions. This was felt to be not a life threatening problem.

During this entire time his neck was swelling so that the skin over the neck was just as taut as it could possibly be. Also during this time we were getting free air and blood from the chest tubes. The quick x-ray done in the examination room in the [REDACTED] showed a really severe pulmonary contusion of the right lung. The left lung was obscured by his heart. Throughout the entire time there was absolutely no movement of his body. There were no spontaneous respirations. His heart was almost impossible to keep beating without Epinephrine intravenously, approximately every 5 minutes. After working on him until about 1:30, we were able to get him so that we felt comfortable taking him to the x-ray CT room. He had a CT done of his head and neck and this showed at least a 4 cm vertical dislocation and a 3-4 cm horizontal dislocation of his neck. This certainly explained the bleeding into the neck and also explained why he hadn't moved, and in fact this was a lethal injury and basically our breathing for him with the respirator and Epinephrine were working on someone who had basically died at the scene of the accident, basically upon deployment of the air bag I suspect.

ORIGINAL

CONSULTATION

Page 2 of 2

I made the decision to stop all resuscitative efforts at 0146 on [REDACTED]/96. The death certificate was signed and the medical examiner notified. I spent time with Mom and Dad as I broke the news to them about the fact that their little boy was dead and tried to explain some of the mechanism of injury and mentioned to them that in reality he was dead when they took him from the car at the scene of the accident.

It should be noted that the [REDACTED] staff, the respiratory therapists, the radiation people, the laboratory people, all did an excellent job of working together to attempt to save this young child's life, however the patient had sustained a lethal injury.

[REDACTED] 96 2:17 A

[REDACTED] 96 9:41 A

[REDACTED] M.D.

[REDACTED] D.O.

[REDACTED] M.D.

ORIGINAL

STREET
N.H.

BEST AVAILABLE COPY

DIAGNOSTIC RADIOLOGY

RESULTS REPORT

PATIENT:

ADDRESS:

NH

SEX: M

AGE: 6

RM #:

DOB: /1990

PT TYPE: E

ORDERING DR.:

ATTENDING DR.:

ADMITTING DR.:

ADMISSION COMMENTS: NVA/TRAUMA/VIA RRA

RADIOLOGY COMMENTS:

NURSING COMMENTS:

PREGNANT: N

READ BY:

ADDENDUM DATE:

Patient/family education which includes explanation of examination and post procedure instructions if appropriate was completed by on /1996 00:31.

EXAM DATE: /1996

EXAMINATION: (RAD)925 - CHEST PORTABLE

FULL RESULT: Bilateral chest tubes are in place. There is a small loculated right pneumothorax seen at the base medially. On the left side, there appears to be a small abnormal air collection paralleling left heart border, probably a medially located pneumothorax or pneumomediastinum, less likely a pneumopericardium. There is increased density in the right lower lung, probably a contusion. I do not see a definite left contusion. The cardiac silhouette is markedly enlarged. There is gastric dilatation present. The endotracheal tube is in place with its tip terminating a bit high, above the thoracic inlet, at about the level of C7. I do not see any definite fractures.

IMPRESSION: Bilateral chest tubes. Right pneumothorax. Probable small medially loculated left pneumothorax or pneumomediastinum. Large cardiac silhouette. Gastric dilatation. No fractures seen.

READ BY:

SIGNED BY:

RESULTS TRANS. BY: /1996 11:52AM

CC:

N.H.

DIAGNOSTIC RADIOLOGY

RESULTS REPORT

PATIENT: [REDACTED]
ADDRESS: [REDACTED]SEX: M
AGE: 5RM #: [REDACTED]
DOB: [REDACTED] 1990

PT TYPE: E

ORDERING DR.: [REDACTED]
ATTENDING DR.: [REDACTED]
ADMITTING DR.: [REDACTED]
ADMISSION COMMENTS: MVA/TRAUMA/VIA RRA
RADIOLOGY COMMENTS:
NURSING COMMENTS:
READ BY: [REDACTED], M.D.
ADDENDUM DATE:

PREGNANT: N

Patient/family education which includes explanation of examination and post procedure instructions if appropriate was completed by on .

EXAM DATE: [REDACTED] 1996

EXAMINATION: (CT) 9109 - NECK-CT

FULL RESULT: CT scanning from around C3 to the petrous apex was performed. Scout image demonstrates craniocervical dissociation with profound separation between skull and cervical spine. The CT confirms this. There is probably about 2.5 cm diastasis between the foramen magnum and C1 and C2. There is also about 2.5 cm anterior displacement of the skull relative to the cervical spine. There is a profound amount of soft tissue swelling, presumably bleeding, located at the skull base. This extends down to the pre-vertebral soft tissue spaces which are profoundly widened. There are a few faint bone densities seen just above C1-2, below skull base, that could probably represent tiny avulsed bone fragments.

IMPRESSION: Craniocervical dissociation.

READ BY: [REDACTED] M.D.

SIGNED BY: [REDACTED]

RESULTS TRANS. BY: [REDACTED] 1996 11:59AM
CC:

NURSE'S PROGRESS NOTES
EMERGENCY ROOM
ONGOING - E/R

DATE: 1/9/96

PRINT
 ROOM #
 HOSP #
 AGE
 NAME
 ADD.
 DR.
 PRINT

| TIME | TEMP. | PULSE | RESP. | B/P | MEDICATION/PROCEDURE | NOTES |
|------|-------|-------|-------|--------|----------------------|--|
| 0011 | | | | | | Medle aspiration belat lung aspir by [redacted] & return |
| 0014 | | | | | | 500cc aspirated air @ 4 |
| 0015 | | | | | | Chest by [redacted] |
| 0016 | | | | | | Tube close attempted by [redacted] (R) Chest success #14 ^{1/2} tube (R) side #12 chest tube (L) orilla by [redacted] |
| 0018 | | | | | EMD - | Epi 0.34 mg IV |
| 0020 | | | | | | Heart sounds |
| 0029 | | | | | EMD | Epi 0.34 mg IV |
| 0030 | | | | | | P&R done |
| 0031 | | | | 43/90 | | Chest sounds Monitor ST |
| 0033 | | | | | | 100 cc warm NS added to remaining blood. Pressure dog wound R side facial & neck swelling Secondary to PA (R) neck |
| 0035 | | | | | | Repeat P&R done |
| 0038 | | | | | | 1st unit of blood in |
| 0040 | | | | | | CXR shows contusion (R) |
| 0042 | | | | | | lung - stomach full of air |
| 0045 | | | | | | #2 u neg blood |
| 0047 | 110 | | | 57/38 | | sinus tach |
| 0048 | | | | | | WOB elevated slightly |
| 0050 | | | | | | awaiting CT |
| 0056 | | | | | EMD | CPR restarted |
| 0057 | | | | | | Epi 0.34 mg IV |
| 0059 | 125 | | | 117/82 | | sinus tach |
| 0100 | | | | | | #2 unit of blood finished |
| 0103 | | | | | | FFP ordered 1000 cc |
| 0105 | | | | | | Parents in [redacted] |

NURSE'S PROGRESS NOTES
EMERGENCY ROOM
ONGOING - E/R

DATE:

PRINT
 ROOM #
 HOSP #
 AGE
 NAME
 ADD.
 DR.
 PRINT

| HR | TEMP | PULSE | RESP | B/P | MEDICATION/PROCEDURE | NOTES |
|------|------|-------|------|-----|---|-------|
| 0107 | | | | | Epi 10.5 mg in 100cc NS 425 ↑ at 2cc 1/15 | |
| 0110 | | | | | TUFFP | |
| 0111 | | | | | EMD - CPT restarted | |
| 0111 | | 136 | | | Epi 0.34 mg IV | |
| 0116 | | 136 | | | To CT Area & Hatcher - lost heart tones Chest compressions started | |
| 0135 | | | | | Epi 0.34 mg IV Epi OK ↑ to 4cc 1/15 | |
| 0134 | | | | | Heart tones returned Chest compressions stopped | |
| | | | | | CT Scan indicated | |
| 0140 | | | | | Heart tones lost Chest compressions started | |
| 0141 | | | | | Epi 0.34 mg IV Negative Percardial tap by | |
| 0142 | | | | | Heart tones restarted Continue & pupils fixed & dilated | |
| 0144 | | | | | EMD: no pulses Patient pronounced by | |
| 0208 | | | | | EMD: no heart tones Father comes in to give Lacraxes for sick | |
| 0225 | | | | | Dr. Discheneaux Medical examiner in | |
| 0525 | | | | | Body signed out to Director of | |
| 0535 | | | | | Body - all all belongings & body out of | |
| | | | | | I 1500 IV 0 500 NS -0- 150 THP 4 Epi 1/15 | |

PAGE 1

NEW HAMPSHIRE
PATIENT REPORT

*** DISCHARGE REPORT ***

75 0257

NAME: [REDACTED] AGE: 5 SEX: M LOCATION: [REDACTED]
PATIENT [REDACTED] MR#: [REDACTED] PREV PAT#: [REDACTED]
ADM PHYSICIAN: [REDACTED] ADM DATE: [REDACTED] 96 ADM TIME: 2242
DIS DATE: [REDACTED] 96 DIS TIME: 2202

CHEMISTRY

* GENERAL CHEMISTRY *

COLLECTED [REDACTED] 96
2345

NA 143
K 3.9
CL 113 H
CO2 14 L
ANION GAP 16.0
GLU 159 H
BUN 14
CREA 0.7
AMY 135 H

| NORMALS | UNITS |
|---------|-------|
| 135-147 | mm/L |
| 3.5-5.0 | mm/L |
| 75-105 | mm/L |
| 20-35 | mm/L |
| 70-105 | mg/dl |
| 7-22 | mg/dl |
| 0.2-1.0 | mg/dl |
| 34-122 | U/L |

CA 8.4 L
PHOS 9.9 H
TP 4.6 L
ALB 2.8 L
GLOBULIN 1.8
A/G RATIO 1.56
URIC 4.5
LDH 797 H
SGOT 291 H
SGPT 169 H
ALP 125 H
TBIL 0.2 L

| | |
|----------|-------|
| 8.9-10.1 | mg/dl |
| 4.1-5.4 | mg/dl |
| 4.1-5.0 | g/dl |
| 3.5-4.5 | g/dl |
| 3.9-7.5 | mg/dl |
| 94-172 | U/L |
| 12-45 | U/L |
| 7-40 | U/L |
| 37-107 | U/L |
| 0.3-1.2 | mg/dl |

CHOL 74 L
TRIG 143

| | |
|---------|-------|
| 120-170 | mg/dl |
| 30-200 | mg/dl |

NEW HAMPSHIRE
PATIENT REPORT

*** DISCHARGE REPORT ***

76 0207

NAME: [REDACTED] AGE: 5 SEX: M LOCATION: [REDACTED]
 PATIENT #: [REDACTED] MR# [REDACTED] PREV PAT#: [REDACTED]
 ADM PHYSICIAN: [REDACTED] ADM DATE: [REDACTED] 96 ADM TIME: 2345
 DIS DATE: [REDACTED] 96 DIS TIME: 2200

CHEMISTRY

TEST: CRITICAL VALUE CALLED

COLLECTED:

76 2345 Test: LDH, PHOS called to: [REDACTED] at 0056 on [REDACTED] by [REDACTED]

NEW HAMPSHIRE
PATIENT REPORT

*** DISCHARGE REPORT ***

7/96 0259

NAME: [REDACTED] AGE: 5 SEX: M LOCATION: [REDACTED]
 PATIENT #: [REDACTED] PREV PAT#: [REDACTED]
 ADM PHYSICIAN: [REDACTED] ADM DATE: [REDACTED] 76 ADM TIME: 2342
 DIS DATE: [REDACTED] 76 DIS TIME: 2203

HEMATOLOGY

* HEMATOLOGY PROFILE *

COLLECTED [REDACTED] 76 [REDACTED] 76
 0115 2345

| | 0115 | 2345 | NORMALS | UNITS |
|--------|------|--------|-----------|------------------|
| WBC | | 8.0 | 4.0-15.0 | $\times 10^3$ |
| RBC | | 3.35 L | 4.55-4.70 | $\times 10^{12}$ |
| HGB | | 8.2 L | 11.7-13.7 | g/dl |
| HCT | 31.0 | 27.3 L | 34.0-42.0 | % |
| MCV | | 81.4 | 75-87 | fl |
| MCH | | 24.5 L | 25.0-29.0 | pg |
| MCHC | | 30.1 L | 32.0-36.0 | g/dl |
| RDW | | 14.4 | 11.5-14.5 | % |
| HDW | | 2.2 | 2.2-3.2 | |
| PLT | | 249 | 140-440 | $\times 10^3$ |
| MPV | | 8.0 | 7.2-11.1 | fl |
| NEUT% | | 21 L | 40-74 | % |
| LYMPH% | | 68 H | 19-48 | % |
| MONO% | | 3 | 3-9 | % |
| EOS% | | 1 | 0-7 | % |
| BASO% | | 1 | 0-1 | % |
| LUC% | | 6 H | 0-4 | % |
| MORPH | | *1* | | |
| SMEAR | | *2* | | |

1 MICRO : +
 HYPO : ++
 2 MANUALLY SCANNED

NEW HAMPSHIRE
PATIENT REPORT

*** DISCHARGE REPORT ***

796 0259

NAME: [REDACTED] AGE: 5 SEX: M LOCATION: [REDACTED]
PATIENT #: [REDACTED] MR#: [REDACTED] PREV PAT#: [REDACTED]
ADM PHYSICIAN: [REDACTED] ADM DATE: [REDACTED] 796 ADM TIME: 2342
DIS DATE: [REDACTED] 796 DIS TIME: 2303

HEMATOLOGY

TEST: CRITICAL VALUE CALLED

COLLECTED:

07/96 2345 Test: APPT called to: [REDACTED] at 0035 [REDACTED] by [REDACTED]

COAGULATION

| | | |
|-----------|----------------|-------|
| COLLECTED | [REDACTED] 796 | |
| | 2345 | UNITS |
| PROTIME | 18.4 H | |
| INR | 2.31 | SEC |
| APTT | *1* | SEC |

PROTIME:

Normal Range: 11.1 - 13.3 sec Therapeutic Range: 17.4 - 21.1 sec

APTT:

Normal Range: 21.2 - 30.9 sec Therapeutic Range: 48.0 - 93.0 sec

Prophylaxis / Treatment of :

INR Therapeutic Range
2.0-3.0

Venous Thrombosis, Pulmonary Embolism

Prevention of Systemic Embolism From :

| | |
|-----------------------------------|---------|
| Atrial Fibrillation | 2.0-3.0 |
| Myocardial Infarction | 2.0-3.0 |
| Mechanical Prosthetic Heart Valve | 2.5-3.5 |
| Recurrent Systemic Embolism | 2.5-3.5 |

* * * * *

1 >240 SECONDS
Rechecked

TEST: CRITICAL VALUE CALLED

COLLECTED:

7/96 2345 Test: PT/INR called to: [REDACTED] at 0035 on [REDACTED] by [REDACTED]

NEW HAMPSHIRE
PATIENT REPORT

*** DISCHARGE REPORT ***

76 0257

NAME: [REDACTED] AGE: 5 SEX: M LOCATION: [REDACTED]
 PATIENT #: [REDACTED] MR#: [REDACTED] PREV PAT#: [REDACTED]
 ADM PHYSICIAN: [REDACTED] ADM DATE: [REDACTED] 96 ADM TIME: 2345
 DIS DATE: [REDACTED] 96 DIS TIME: 2202

BLOOD BANK

COLLECTED: [REDACTED] 96 2345

| | | |
|-----------------|------------|-----------------------|
| ABO & Rh | O POS | |
| ANTIBODY SCREEN | R# 18720 | |
| ARMBAND #: | NEGATIVE | |
| UNIT #: | R18720 | |
| | 04 KK57391 | PRBC |
| | COMPATIBLE | TRANSFUSED |
| UNIT #: | 04 KK57360 | PRBC |
| | COMPATIBLE | TRANSFUSED |
| UNIT #: | 17 KN09354 | PRBC |
| | COMPATIBLE | RESERVATION CANCELLED |
| UNIT #: | 17 KP36533 | PRBC |
| | COMPATIBLE | RESERVATION CANCELLED |
| UNIT #: | 04 FR95027 | PRBC |
| | COMPATIBLE | RESERVATION CANCELLED |

* SPECIAL PRODUCTS *

COLLECTED: [REDACTED] 96 2345

ARMBAND #: R18720
 UNIT #: 04 KFB1174
 QUANTITY: FP
 1

TEST: CRITICAL VALUE CALLED

COLLECTED: [REDACTED] 96 2345 UNITS KK57391, KK57360 WERE RELEASED UNCROSSMATCHED

TRANSFUSION RECORD

PRINT
ROOM #
HOSP #
AGE
NAME
ADD.
DR.
PRINT

| | | |
|------------------------------|--------------------------------|---|
| Date: <u>1/96</u> | Time Unit Started: <u>0045</u> | Unit Started By: <u>[REDACTED]</u> R.N. |
| Blood Unit Number: <u>#2</u> | <input type="checkbox"/> N/A | Validated By: <u>[REDACTED]</u> R.N. |

Hct Level Pre-Transfusion: 8.2 ☐ Unavailable

ITEM: ☐ Whole Blood ☐ Packed Cells ☐ Platelets ☐ FF Plasma
☐ Autologous Blood ☐ Solcotrans Unit (Circle) 1 2 3

| PATIENT'S BLOOD GROUP & RH REPORTED AS | DONOR'S BLOOD GROUP & RH REPORTED AS |
|--|--------------------------------------|
| GROUP: <u>O</u> A B AB | GROUP: <u>O</u> A B AB |
| RH: <u>Positive</u> Negative | RH: <u>Positive</u> <u>Negative</u> |

WE, THE ABOVE SIGNED, VERIFY:
 THE INFORMATION ON THE PATIENT I.D. BAND IS IDENTICAL TO THE INFORMATION ON THE:

BLOOD UNIT AND THE BLOOD SLIP ☐
 THE BLOOD IS NOT OUTDATED ☐

| | BEFORE | @ 15 MIN | (On completion of transfusion note vital signs) | | | | | | | | | |
|------|--------|----------|---|--|--|--|--|--|--|--|--|--|
| Time | | | | | | | | | | | | |
| B/P | | | | | | | | | | | | |
| T | | | | | | | | | | | | |
| P | | | | | | | | | | | | |
| R | | | | | | | | | | | | |

| | | |
|-----------------------------|----------------------------------|---------------------------------------|
| Time Completed: <u>0100</u> | Amount Transfused: <u>1 unit</u> | Unit Ended By: <u>[REDACTED]</u> R.N. |
|-----------------------------|----------------------------------|---------------------------------------|

Suspected Transfusion Reaction Occurred? ☒ No ☐ Yes Symptoms began at: [REDACTED]

| REACTION | | | |
|---|--|---|--|
| <input type="checkbox"/> Chills | <input type="checkbox"/> Itching | <input type="checkbox"/> Dyspnea / Chest Pain | <input type="checkbox"/> Temp Elevation > 1° C |
| <input type="checkbox"/> Hives / Rash | <input type="checkbox"/> Nausea / Vomiting | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Shock / Hypotension |
| <input type="checkbox"/> Hemoglobinuria | <input type="checkbox"/> Oliguria / Anuria | <input type="checkbox"/> Burning at IV Site | <input type="checkbox"/> Other: _____ |

WITH TRANSFUSION REACTION DO THE FOLLOWING PER POLICY:

| | |
|--|---|
| A. Patient I.D. band and blood unit reconfirmed <input type="checkbox"/> | C. Notify Blood Bank <input type="checkbox"/> |
| B. Notify M.D. <input type="checkbox"/> _____ M.D. | D. Was blood warmed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

NEW HAMPSHIRE
 TRANSFUSION TAG

MR#: [REDACTED] ARMBAND#: [REDACTED] PATIENT TYPE: OP05
 DONOR TYPE: 0 neg

DONOR UNIT#: [REDACTED] EXP DATE: [REDACTED]
 PRODUCT: [REDACTED] ADDN#: [REDACTED]
 CROSSMATCH INTER: UNCrossed TECH: [REDACTED] DATE: [REDACTED] #2

ISSUE WITH LEUKOCYTE REDUCTION FILTER?? YES NO

TRANSFUSION RECORD

PRINT
ROOM #
HOSP #
AGE
NAME
ADD.
DR.
PRINT

| | | | |
|--------------------------------------|---|------------------------------------|------|
| Date: <u>96</u> | Time Unit Started: <u>0110 0045 JZC</u> | Unit Started By: <u>[REDACTED]</u> | R.N. |
| Blood Unit Number: <u>[REDACTED]</u> | <input type="checkbox"/> N/A | Validated By: <u>[REDACTED]</u> | R.N. |

Hct Level Pre-Transfusion: ☐ Unavailable

ITEM: ☐ Whole Blood ☐ Packed Cells ☐ Platelets ☒ FF Plasma
☐ Autologous Blood ☐ Solcotrans Unit (Circle) 1 2 3

| PATIENT'S BLOOD GROUP & RH REPORTED AS | | | | DONOR'S BLOOD GROUP & RH REPORTED AS | | | |
|--|----------|---|----|--------------------------------------|----------|---|----|
| GROUP: <u>O</u> | A | B | AB | GROUP: <u>O</u> | A | B | AB |
| RH: <u>Positive</u> | Negative | | | RH: <u>Positive</u> | Negative | | |

WE, THE ABOVE SIGNED, VERIFY:
THE INFORMATION ON THE PATIENT I.D. BAND IS IDENTICAL TO THE INFORMATION ON THE:

BLOOD UNIT AND THE BLOOD SLIP ☐

THE BLOOD IS NOT OUTDATED ☐

| | BEFORE | @ 15 MIN | (On completion of transfusion note vital signs) | | | | | | | | | |
|------|--------|----------|---|--|--|--|--|--|--|--|--|--|
| Time | | | | | | | | | | | | |
| B/P | | | | | | | | | | | | |
| T | | | | | | | | | | | | |
| P | | | | | | | | | | | | |
| R | | | | | | | | | | | | |

| | | | |
|-----------------|--------------------|----------------|------|
| Time Completed: | Amount Transfused: | Unit Ended By: | R.N. |
|-----------------|--------------------|----------------|------|

Suspected Transfusion Reaction Occurred? ☐ No ☐ Yes Symptoms began at: [REDACTED]

| REACTION | | | |
|---|--|---|--|
| <input type="checkbox"/> Chills | <input type="checkbox"/> Itching | <input type="checkbox"/> Dyspnea / Chest Pain | <input type="checkbox"/> Temp Elevation > 1° C |
| <input type="checkbox"/> Hives / Rash | <input type="checkbox"/> Nausea / Vomiting | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Shock / Hypotension |
| <input type="checkbox"/> Hemoglobinuria | <input type="checkbox"/> Oliguria / Anuria | <input type="checkbox"/> Burning at IV Site | <input type="checkbox"/> Other: _____ |

WITH TRANSFUSION REACTION DO THE FOLLOWING PER POLICY:

- A. Patient I.D. band and blood unit reconfirmed ☐ C. Notify Blood Bank ☐
 B. Notify M.D. ☐ M.D. D. Was blood warmed? ☐ Yes ☐ No

PATIENT: [REDACTED] NEW HAMPSHIRE
 TRANSFUSION TAG
 MR#: [REDACTED] PATIENT TYPE: O Pos
 ARM/AND#: [REDACTED] DONOR TYPE: O NEG
 DONOR UNIT#: [REDACTED] EXP DATE: 96 (0122)
 PRODUCT: FP ACCN#: [REDACTED]
 CROSSMATCH INTERP: TECH: KZ DATE: 96
 ISSUE WITH LEUKOCYTE REDUCTION FILTER?? YES NO

TRANSFUSION RECORD

PRINT
ROOM /
HOSP /
AGE
NAME
ADD.
DR.
PRINT

| | | |
|---------------------------------------|--------------------------------|---|
| Date: <u>1/96</u> | Time Unit Started: <u>0014</u> | Unit Started By: <u>[REDACTED]</u> R.N. |
| Blood Unit Number: <u>#1</u> | <input type="checkbox"/> N/A | Validated By: <u>[REDACTED]</u> R.N. |
| Hct Level Pre-Transfusion: <u>8.2</u> | | <input type="checkbox"/> Unavailable |

ITEM: ☒ Whole Blood ☐ Packed Cells ☐ Platelets ☐ FF Plasma
☐ Autologous Blood ☐ Solcotrans Unit (Circle) 1 2 3

| PATIENT'S BLOOD GROUP & RH REPORTED AS | | | | DONOR'S BLOOD GROUP & RH REPORTED AS | | | |
|--|----------|----------------|----|--------------------------------------|-----------------|---|----|
| GROUP: O | A | B | AB | GROUP: <u>O</u> | A | B | AB |
| RH: Positive | Negative | <u>unknown</u> | | RH: Positive | <u>Negative</u> | | |

WE, THE ABOVE SIGNED, VERIFY:
 THE INFORMATION ON THE PATIENT I.D. BAND IS IDENTICAL TO THE INFORMATION ON THE:

BLOOD UNIT AND THE BLOOD SLIP ☒
 THE BLOOD IS NOT OUTDATED ☒

| | BEFORE | @ 15 MIN | (On completion of transfusion note vital signs) | | | | | | | |
|------|--------|----------|---|--|--|--|--|--|--|--|
| Time | | | | | | | | | | |
| B/P | | | | | | | | | | |
| T | | | | | | | | | | |
| P | | | | | | | | | | |
| R | | | | | | | | | | |

| | | |
|---|----------------------------------|---------------------------------------|
| Time Completed: <u>0640</u> | Amount Transfused: <u>1 unit</u> | Unit Ended By: <u>[REDACTED]</u> R.N. |
| Suspected Transfusion Reaction Occurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Symptoms began at: <u>[REDACTED]</u> | | |

| REACTION | | | |
|---|--|---|--|
| <input type="checkbox"/> Chills | <input type="checkbox"/> Itching | <input type="checkbox"/> Dyspnea / Chest Pain | <input type="checkbox"/> Temp Elevation > 1° C |
| <input type="checkbox"/> Hives / Rash | <input type="checkbox"/> Nausea / Vomiting | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Shock / Hypotension |
| <input type="checkbox"/> Hemoglobinuria | <input type="checkbox"/> Oliguria / Anuria | <input type="checkbox"/> Burning at IV Site | <input type="checkbox"/> Other: _____ |

WITH TRANSFUSION REACTION DO THE FOLLOWING PER POLICY:

| | |
|--|---|
| A. Patient I.D. band and blood unit reconfirmed <input type="checkbox"/> | C. Notify Blood Bank <input type="checkbox"/> |
| B. Notify M.D. <input type="checkbox"/> _____ M.D. | D. Was blood warmed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|--|----------------------------|--|
| PATIENT: <u>[REDACTED]</u> | | PATIENT TYPE: <u>O NEG</u> | |
| MR#: <u>[REDACTED]</u> | | DONOR TYPE: <u>O NEG</u> | |
| DONOR UNIT: <u>[REDACTED]</u> | | EXP DATE: _____ | |
| PRODUCT: <u>PRSC</u> | | ACONS: _____ | |
| TECH: _____ | | DATE: <u>[REDACTED]</u> | |
| ISSUE WITH LEUKOCYTE REDUCTION FILTER?? YES NO | | | |

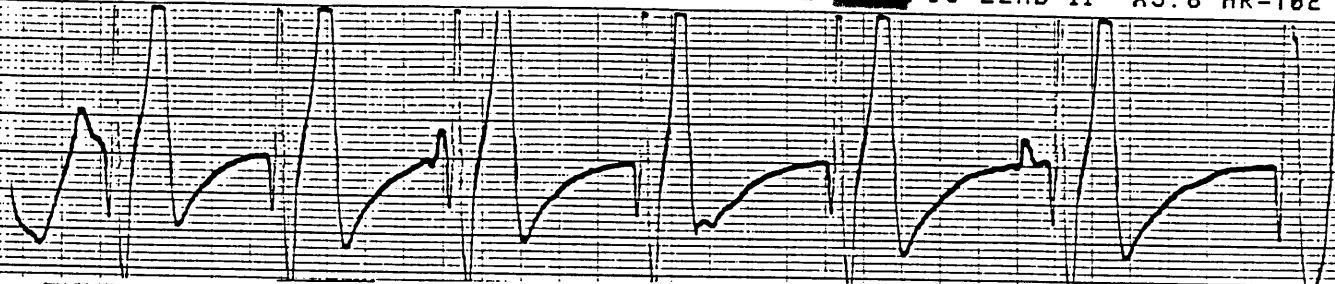
NURSE'S PROGRESS NOTES
EMERGENCY ROOM
ONGOING - E/R

PRINT
ROOM #
HOSP #
AGE
NAME
ADD
DR.
PRINT

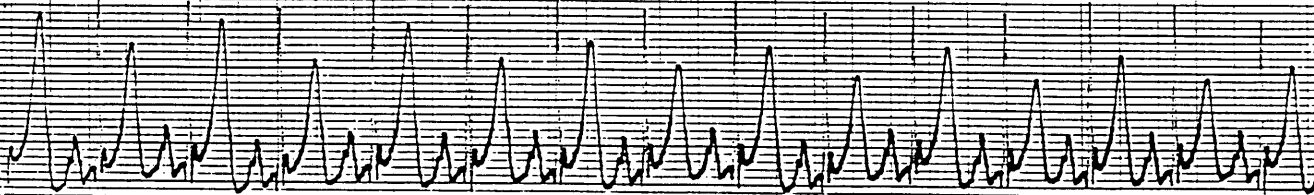
96

DATE:

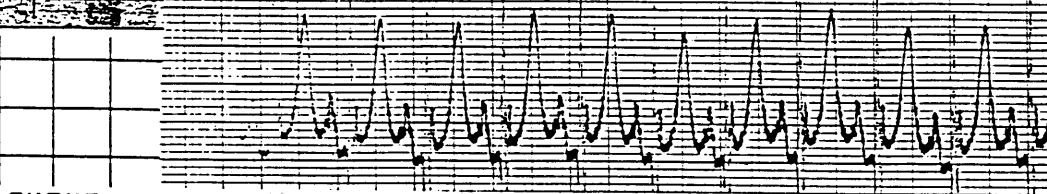
→ 23:42 96 LEAD II X3.6 HR=102



3 96 DELAY



23:44 96 LEAD II DIAG. X3.6 HR=286



EVENT 23:47 96 LEAD II X3.6 HR=139



29 96 LEAD II DIAG. X3.6 HR=129




IN U.S.A.

HC CONTROLS CORPORATION BUFFALO, NEW YORK

NURSE'S PROGRESS NOTES
EMERGENCY ROOM
ONGOING - E/R

| PRINT | NAME | ROOM | HOSP | AGE |
|-------|----------|------|------|-----|
| PRINT | ADD. DR. | | | |

| TIME | TEMP. | PULSE | RESP. | B/P | MEDICATION/PROCEDURE | NOTES |
|--|-------|-------|-------|-----|----------------------|-------|
| 0144 AM | | | | | | |
|  | | | | | | |
| EKG: No pulse is seen | | | | | | |

GRAPHIC CONTROLS CORPORATION NEW YORK

STATE OF NEW HAMPSHIRE

BEST AVAILABLE COPY

CERTIFIED ABSTRACT OF A CERTIFICATE OF DEATH

FULL NAME OF DECEASED

SEX

MALE

DATE OF DEATH

1996

AGE

5 YRS

DATE OF BIRTH

1990

PLACE OF DEATH

NEW HAMPSHIRE

BIRTHPLACE

MARITAL STATUS

NEVER MARRIED

SPOUSE

SOCIAL SECURITY NUMBER

UNKNOWN

RESIDENCE

NEW HAMPSHIRE

PLACE OF DISPOSITION

NH

FINAL PLACE OF BURIAL

DATE OF DISPOSITION

1996

FILE DATE

1996

MANNER OF DEATH

ACCIDENT

CAUSE OF DEATH

a.

TRANSECTION OF CERVICAL SPINE

SUDDEN

b.

ATLANTO OCCIPITAL DISLOCATION

SUDDEN

c.

d.

OTHER SIGNIFICANT CONDITIONS

DESCRIBE HOW INJURY OCCURRED

UNRESTRAINED PASSENGER IN AUTOMOBILE ACCIDENT

TIME OF INJURY

1996

11:27 PM

PLACE OF INJURY

NH

NAME AND ADDRESS OF CERTIFIER

NH

DATE OF SIGNATURE

1996

I HEREBY CERTIFY THAT THIS IS A TRUE ABSTRACT ISSUED FROM THE OFFICIAL RECORDS ON FILE AT THIS OFFICE

AT STATE/LOCAL REGISTRAR

DATE ISSUED:

1996

STATE CITY/TOWN OF:

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar. It shall be unlawful for anyone to reproduce this certificate other than local or State Registrar.

VS-SP1

“GRAPHIC” PHOTOGRAPHS AND IMAGES

The following “GRAPHIC” Photographs and Images have been removed from this case.

11 pages of unnumbered photos after pg.105

If you would like a copy of these photographs and/or images please write to:

MARJORIE SACCOCCIO
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER
55 BROADWAY
CAMBRIDGE, MA 02142

In the body of your request please include the case, photograph and image number(s).

LOCAL USE

96-43376

Amended
Report ☐Hit and
Run ☐STATE OF NEW HAMPSHIRE
UNIFORM POLICE
TRAFFIC ACCIDENT REPORT

DSMV159 (Rev.10/95)



M.V. USE ONLY

No.
Date Rec'dNR ☐Supplemental
Report ☐Motor Carrier
Report ☐

DATE OF ACCIDENT

DAY OF WEEK

TIME

OF ACCIDENT

CITY/TOWN

(Military) } 2327 Hours, New Hampshire

TOTAL

TOTAL

TOTAL

POLICE NOTIFIED

POLICE ARRIVED

AMBULANCE ARRIVED

DEPARTMENT

KILLED ☐INJURED ☐VEHICLES ☐

2327 hours

2329 hours

Police

ACCIDENT OCCURRED ON:

☐
☐
☒MILES N ☐
FEET S ☐
AT INTERSECTION WITHE ☐
W ☐
OFINTERSECTING ROAD, BRIDGE,
TOWN LINE (not telephone pole, house)POSTED
SPEED

30 M.P.H.

ROUTE NO. AND/OR STREET NAME

ROUTE NO. AND/OR STREET NAME

Complete first node for accidents at node, complete both for accidents between nodes.

FIRST NODE

DISTANCE FROM FIRST
NODE TOWARD SECOND

SECOND NODE

MILE-MARKER
ON INTERSTATE ONLY

MILE

MAP 10

ZONE / NODE / SUF

FEET

MAP 10

ZONE / NODE / SUF

N ☐ E ☐
S ☐ W ☐

UNIT NO.: 1

INFORMATION

BICYCLE ☐SUMMONED ☐ARRESTED ☐

M.V.R. YES

RECOM ☐

DRIVER LICENSE NO.

STATE

CLASSIFICATION

DRIVER'S NAME

LAST, FIRST, MIDDLE

D.O.B.

SEX

RESTRICTIONS / ENDORSEMENTS

COMPLIED WITH YES ☐

CURRENT ADDRESS, NUMBER AND STREET

PHONE NO.

No Phone

CITY / TOWN

STATE

ZIP CODE

PLATE NUMBER

PLATE TYPE

STATE

TRAILER PLATE

STATE

MAKE

YEAR

COMMERCIAL

HAZARDOUS

V.I.N.

SAME

AS

DRIVER ☒

OWNER NAME

LAST, FIRST MIDDLE

CURRENT ADDRESS, NUMBER AND STREET

PHONE NO.

CITY / TOWN

STATE

ZIP CODE

INSURANCE CO. & POLICY #

OR

INSURANCE CO. & POLICY #

OR

INSURANCE CO. & POLICY #

VEHICLE

BY:

TO:

TOWED ☐

VEHICLE

BY:

TO:

TOWED ☐

| REF. | 26 | 27 | 28 | 29 | NAME(S) OF OCCUPANTS OR WITNESSES | ADDRESS / PHONE | 30 | 31 | 32 | 33 |
|------|----|-----|-----|----|-----------------------------------|-----------------|-----|-----|-----|----|
| 1 | 1 | N | 4 | 24 | | N.H. No Phone | 1 | 1 | 8 | M |
| 2 | 1 | K | 3 | 5 | | N.H. No Phone | 3 | 2 | 2 | M |
| 3 | 1 | A | 4 | 23 | | N.H. No Phone | 4 | 1 | 4 | F |
| 4 | 1 | N | 4 | 2 | | N.H. No Phone | 4 | 1 | 8 | F |
| 5 | 2 | N | 4 | 31 | | N.H. No Phone | 1 | 1 | 8 | M |
| 6 | W | N/A | N/A | 39 | | N.H. No Phone | N/A | N/A | N/A | M |

UNIT NO: _____

☐ INDICATE PROBABLE POINT OF IMPACT

16. Undercarriage
17. Rollover
18. Fire/Explosion
19. Total

13 Front 14 Rear 15

1 2 3 4 5 6

12 11 10 9 8 7

Circle numbers indicating areas damaged

| | | | |
|-----------------|-----------------|-----------------|---------------------|
| Rear → → | Passing → ↗ | Lt. Turn → ↘ | Intersection ↘ ↗ |
| 1 | 2 | 3 | 4 |
| Rt. Turn ↘ ↗ | Rt. Turn ↘ ↗ | Head-On → → | Sideswipe → → |
| 5 | 6 | 7 | 8 |

Indicate Vehicle Numbers on Arrows Above

UNIT NO: _____

☐ INDICATE PROBABLE POINT OF IMPACT

16. Undercarriage
17. Rollover
18. Fire/Explosion
19. Total

13 Front 14 Rear 15

1 2 3 4 5 6

12 11 10 9 8 7

Circle numbers indicating areas damaged

ACCIDENT SKETCH

Indicate North



By Arrow

Cite [REDACTED] Cross Accident Reconstruction diagram

GIST OF ACCIDENT

| REF | 26 | 27 | 28 | 29 | Names of witnesses continued. | Address/Phone | |
|-----|----|-----|-----|----|-------------------------------|---------------|------|
| 7 | W | N/A | N/A | 23 | [REDACTED], N.H. | [REDACTED] | Male |
| 8 | W | N/A | N/A | 20 | [REDACTED], N.H. | [REDACTED] | Male |

SIGNATURE OF INVESTIGATING OFFICER

DATE OF REPORT

REVIEWED BY


DEPARTMENT / DIVISION / TROOP

PHOTOS TAKEN

YES ☒ NO ☐


BY: [REDACTED]

[REDACTED] Police Department

| | | | | | | |
|----------------------|--|---|-------------|--|--|--|
| LOCAL USE | | STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION | |  | M.V. USE ONLY | |
| 96-43376 | | | | | Amended Report <input type="checkbox"/> Hit and Run <input type="checkbox"/> | |
| Please Print or Type | | DATE OF ACCIDENT | DAY OF WEEK | TIME OF ACCIDENT (Military) | CITY / TOWN | |
| | | 96 | | 2327 hours | New Hampshire | |

On [REDACTED] 1996 at approximately 2327 hours, I was dispatched to the intersection of [REDACTED] street at [REDACTED] in reference to a motor vehicle accident with injury. Upon arrival at the scene at 2329 hours, I observed a grey Hyundai that had struck a traffic light pole at the north west corner of the intersection. The vehicle sustained heavy damage to the front and passenger side. The second vehicle involved in the accident was a red Pontiac that was positioned at the north east corner of the intersection which sustained heavy damage to the front. At that time I observed a person who is now identified as a [REDACTED] was performing rescue breathing on the right front passenger who is now identified as [REDACTED] age 5. At approximately 2331 hours, [REDACTED] ambulance arrived on scene and took custody of the victim. At that time the accident scene was secured, and contact was made with the operator of vehicle 1 being the 1995 Hyundai Sonata color grey [REDACTED] registration [REDACTED] he was identified as a [REDACTED] Date of birth [REDACTED] 1971 of [REDACTED], [REDACTED] stated that he was returning home from an evening at the movies, and he was travelling north on spring street approaching the intersection of [REDACTED] street and stopped at the flashing red light, then proceeded north on [REDACTED] street, when vehicle 2 struck the right passenger side of his vehicle causing him to strike the traffic pole at the north west corner of the intersection. I then asked [REDACTED] if his child was restrained with a seatbelt. He then stated NO. Operator 1 stated that he entered the intersection at 25 miles per hour. Contact was then made with operator 2 who was operating New Hampshire registration [REDACTED] a 1988 Pontiac Grand Am color red operator 2 was identified as a [REDACTED] Date of birth [REDACTED] 1965 of [REDACTED] N.H. He stated that he was travelling west on [REDACTED] street in the left travel lane at about 25-30 Miles per hour as he approached the intersection of [REDACTED] street at spring street with flashing yellow lights facing him. Operator 2 then stated he observed vehicle 1 enter the intersection at a high rate of speed without stopping for the flashing red light then vehicle 1 operator 2 then stated when vehicle 1 pulled out in front of him, his vehicle struck the passenger side of vehicle 1. Operator 2 then stated he moved his vehicle to the north east corner of the intersection so access could be made to the victim. Contact was then made with witness 1 who was identified as a [REDACTED] Date of birth [REDACTED] 1957 of [REDACTED] New Hampshire [REDACTED] he stated he was travelling north on spring street in the right turn only lane to make a right turn heading east on [REDACTED] street when he observed vehicle 1 travel at a high rate of speed in the center lane heading northerly on [REDACTED]. At that time he observed vehicle 1 continue through the flashing red light without stopping or making any effort to slow down he then observed the collision between vehicle 1 and vehicle 2. Witness 2 who is identified as [REDACTED] Date of birth [REDACTED] of [REDACTED], N.H. He stated that he was travelling West on [REDACTED] street in the left lane two car lengths behind vehicle 2. He stated that vehicle 2 was travelling 25-30 miles per hour when vehicle 2 entered the intersection. He stated that he observed vehicle 1 enter the intersection without stopping at a high rate of speed through a flashing red light and pulled into the intersection in front of vehicle 2 which caused the collision. Witness 3 who is identified as an [REDACTED] Date of birth [REDACTED] 1976 of [REDACTED] street [REDACTED], N.H. [REDACTED]. He stated he was travelling on [REDACTED] street in the far right lane. As he approached the intersection, He observed vehicle 1 travelling at a high rate of speed north on [REDACTED] approaching the intersection of [REDACTED] street and continue through the intersection without stopping for the flashing red light that was facing vehicle 1. He stated vehicle 1 did not make any attempt to slow or stop as vehicle 1 approached and continued through the intersection and pulled in front of vehicle 2 which caused the collision.

[REDACTED] accident reconstruction report as to the cause of the accident and further details.

| | | | |
|------------------------------|--|---|--|
| LOCAL USE 96-43376 | STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION | | M.V. USE ONLY |
| Please Print or Type |  | | Amended Report <input type="checkbox"/> Hit and Run <input type="checkbox"/> |
| DATE OF ACCIDENT 96 | DAY OF WEEK | TIME } OF ACCIDENT (Military) } 2327 | CITY/TOWN New Hampshire |

Fatal Automobile Collision

. New Hampshire


On 96 at approximately 0005 hours, I responded to the regarding a motor vehicle collision with serious personal injury. Upon my arrival emergency room personnel were treating (90). At that time he was not breathing and had no pulse.

arrived via Ambulance at approximately 0010 hours. also arrived on scene shortly thereafter. Per his instruction, I advised of his Miranda warnings via the NPD card. stated he understood these rights and would waive these rights. He stated he wished to cooperate fully. It should be noted that prior to advising of his rights I inquired as to if he understood English. He stated he did. I then advised of his Felony ALS rights by both reading and showing him the State form. I also explained that if he had any questions I would do my best to answer them. briefly reviewed the form and then signed it. He had no questions. Lastly, I read a "Consent Search" form. I explained that we wished to have a sample of his blood and by signing this form the police would not need a search warrant to obtain it. He stated he understood this form and that he was willing to give a sample of his blood. He signed the form.

I then briefly questioned about the collision. He stated that he and his family had gone to the 9:35pm showing of at the After the movie he exited the plaza via and shortly thereafter came out on He stated that he, "stopped at the blinking red for a few seconds." Furthermore, he "saw the other car too late." then stated, "he hit me, I don't know where, then I hit the post."

I then asked who in the vehicle were wearing seatbelts. He stated that his wife and his daughter were buckled together ie. daughter in lap in the backseat. With regard to his son, who was in the front passenger seat, stated he wasn't sure if his son was buckled in. It should also be noted that, when asked, stated he was the operator of the vehicle.

Two samples of blood were drawn by of at 0140 and 0247 respectively. While did not leave my custody prior to the first sample, after being informed of his son's death, he did spend time with his wife and in a hospital bay out of my view. This time spent with was before the second sample was taken. This was the only time he left my presence. The two blood samples were tagged into evidence per SOP. Nothing further.

| | | | | | |
|----------------------------------|--|-----------------|--|--|--|
| LOCAL USE 96-43376 | STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION | |  | M.V. USE ONLY Amended Report <input type="checkbox"/> Hit and Run <input type="checkbox"/> | |
| Please Print or Type | DATE OF ACCIDENT 96 | DAY OF WEEK | TIME OF ACCIDENT (Military) 2327 | CITY / TOWN New Hampshire | |

Fatal Automobile Accident


On [REDACTED] 1996 [REDACTED] advised me to respond to the scene of a serious automobile accident on [REDACTED] at [REDACTED]. [REDACTED] advised me that I would be needed to photograph the scene. I arrived and was appraised of the situation by [REDACTED] and [REDACTED]. Utilizing my department issue Nikkormat 35mm Camera and AGFA 400 Speed color film I began photographing the scene. [REDACTED] arrived shortly thereafter and pointed out several specific items that he wanted me to photograph. I photographed the entire scene to include all pertinent evidence.

After photographing the scene I met with Detective [REDACTED] who had responded to the scene with the Department's Evidence Van. [REDACTED] and I set up the Sony 8mm video camera and I video taped the entire scene using the sony 8mm video camera.

At 0424 hours I was directed by [REDACTED] to escort the two tow trucks carrying the vehicles involved in the accident to [REDACTED] Police Department Headquarters. Both vehicles were escorted to [REDACTED] and secured in the rear parking lot. I signed the Tow receipts and turned the tow receipts and vehicle keys over to [REDACTED].

The film and video were secured as evidence by this officer. Cite photo data sheets to follow for a breakdown of the 35mm photographs.

[REDACTED]
Officer [REDACTED]
Photograph and Video Specialist
[REDACTED] Police Department

| | | |
|---|---|---|
| LOCAL USE 96-43376 Please Print or Type | STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION  | M.V. USE ONLY No. _____ Date Rec'd _____ Amended Report <input type="checkbox"/> Hit and Run <input type="checkbox"/> |
|---|---|---|

| | | | | |
|------------------------|---------------------------|--------------------|---------------------|-------------------------|
| DATE OF ACCIDENT 96 | DAY OF WEEK [REDACTED] | TIME (Military) | OF ACCIDENT 2330 | CITY/TOWN [REDACTED] |
|------------------------|---------------------------|--------------------|---------------------|-------------------------|

ON 96 @ 1830 HRS LISTED OFFICER AND [REDACTED] RESPONDED TO THE [REDACTED] CENTER IN REFERENCE TO SPEAKING WITH A [REDACTED] MRS [REDACTED] WAS A PASSENGER (RIGHT-REAR SEAT) OF THE HYUNDAI THAT WAS INVOLVED IN THE FATAL ACCIDENT. AFTER SPEAKING WITH MRS [REDACTED] FOR SOME TIME, DET [REDACTED] TOOK A TAPE RECORDED STATEMENT FROM [REDACTED] REGARDING THE ACCIDENT. THE STATEMENT WAS TAKEN MOSTLY IN SPANISH. THIS OFFICER WILL BE TRANSCRIBING THE AUDIO STATEMENT IN THE NEAR FUTURE.

[REDACTED]

LOCAL USE

96-43376

Please Print or Type

STATE OF NEW HAMPSHIRE
TRAFFIC ACCIDENT REPORT
SUPPLEMENTAL INFORMATION



M.V. USE ONLY

No.

Date Rec'd

Amended
Report ☐

Hit and Run ☐

DATE OF ACCIDENT

DAY OF WEEK

TIME
(Military)

OF ACCIDENT
} 2327

CITY/TOWN

On [REDACTED] 1996 at approximately 2130 hrs. The owner [REDACTED] came into the [REDACTED] Police Department requesting some property out of his vehicle. [REDACTED] had a spair key to the trunk. I escorted him to the vehicle which was parked in the rear lot. [REDACTED] entered the trunk only. He removed a milk crate, a bucket full of rags, a bucket containing a squeegee, and an extension pole for the squeegee. [REDACTED] advised he cleans windows part time and needs these materials. [REDACTED] then exited the rear lot with the listed items.

[illegible]

**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

CASE # _____

DATE _____

TIME _____

PLACE _____

I, _____, GIVE THE FOLLOWING VOLUNTARY STATEMENT

_____ WHO HAS IDENTIFIED HIMSELF/HERSELF AS A MEMBER OF T

_____ POLICE DEPARTMENT. HE/SHE HAS ADVISED ME AND I UNDERSTAND THE FOLLOWIN

1. I have the right to remain silent and not give this statement or incriminate myself in any way.
2. Anything I say in this statement can and will be used against me in a court of law.
3. Even if I cannot afford a lawyer, I have the right to have one paid for by the court and to talk to a lawyer for advice before giving this statement and to have him/her with me during this statement.
4. If I decide to give this statement now without a lawyer present, I still have the right to stop giving this statement at any time.
5. No threats or promises have been made either to or against me to obtain this statement.
6. I knowingly and purposely waive my right to the advice and presence of a lawyer before and during this statement.
7. I give this statement voluntarily of my own free will and accord.

SIGNED

DATE/TIME

WITNESS

Today's date is _____ 1996. The time is 0728

hours. This is _____ I am in the interview room of CID

with _____. Sir could you spell your name for me please?

_____.
_____. Okay, _____ you're aware that we're being tape recorded
right now, correct?

_____. Yeh.

_____. When you first came in here tonight to meet me, that was the
second time we have met, correct?

_____. Correct.

_____. We met last night at the hospital. Both last night at the
hospital and again today when you first came in, did I go over these forms with you?

_____. Yes.

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS

SIGNED

DATE/TIME

~~██████████~~ POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE 2

~~██████████~~ These are the ~~██████████~~ Rights forms?

~~██████████~~ Yes.

~~██████████~~: I read each right out loud to you. Did you have any questions when we went through them?

~~██████████~~: No.

~~██████████~~ You signed the bottom agreeing to talk to me?

~~██████████~~: That's right.

~~██████████~~ Your father is in here with us right now is that right?

~~██████████~~: That's right.

~~██████████~~ And your father's name is?

~~██████████~~ Your father was here when we went through the forms?

~~██████████~~ Yes he was.

~~██████████~~ ~~██████████~~, we are here about a traffic accident that happened late last night, is that correct?

~~██████████~~ Yes.

~~██████████~~ I'm going to back up a little bit to last night. At some point in time you were over at your house at ~~██████████~~

~~██████████~~ Yeh.

~~██████████~~ You were over at ~~██████████~~ earlier in the evening, before you went to the movies. Who were you over there with?

~~██████████~~ I was with my family, ya know, my wife, my two kids, and my grandmother and my aunt.

~~██████████~~ What were you doing with them?

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WITNESS

SIGNED

DATE/TIME

~~██████████~~ POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE 3

~~██████████~~: We were just talking. Later on I went out to buy something, some food to
~~██████████~~ eat.

~~██████████~~: Pizza was it?

~~██████████~~: Pizza yes.

~~██████████~~: At any point in this, did you drink any alcohol or anything
like that?

~~██████████~~: No, I didn't.

~~██████████~~: Okay, what did you have to drink with your pizza?

~~██████████~~: Coke.

~~██████████~~: At some point, your aunt and grandmother left the house?

~~██████████~~: Yeh.

~~██████████~~: Then you're left alone with your wife and two kids at the
house. What did you do then?

~~██████████~~: One of my kids told me that he wants to see a movie, ~~██████████~~ at the cinema
in downtown ~~██████████~~. I said to him, why not ya know. So we went there.

~~██████████~~: Now you went to the movie theater earlier, you said about
8:50 PM, because you thought the show started at nine?

~~██████████~~: Yeh.

~~██████████~~: And you were a little early, so what did you do?

~~██████████~~: I just buy the tickets, ya know, tickets for my family, then I just go back
to my car and go home. I decided to wait twenty to twenty-five minutes at home until the
movie began.

~~██████████~~: And then you went to watch the ninty thirty show, ~~██████████~~

~~██████████~~: That's right.

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS.
AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW
ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT BE
STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS

SIGNED

DATE/TIME

~~██████████~~ POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE

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~~██████████~~ We're talking about watching it at ~~██████████~~ at ~~██████████~~

~~██████████~~: Yeh.

~~██████████~~ What time did the movie get done?

~~██████████~~: I'm not sure. I went outside, I hear somebody asking the time, to another guy, and I hear, they say something about quarter past eleven.

~~██████████~~ You get into your car in the parking lot. What type of car is it?

~~██████████~~: Honda.

~~██████████~~ Do you know the year?

~~██████████~~ ninety five.

~~██████████~~: Who was driving the car?

~~██████████~~ I was.

~~██████████~~ Where was your wife seated in the car?

~~██████████~~: She always sits in the front with me, ya know, but my son, that night, he wants to be in front next to me. I don't know why, he just wants to. And my son, my wife went in the rear seat.

~~██████████~~ Okay, now your son was seated next to you. Did you buckle him in?

~~██████████~~: I didn't. He buckled himself.

~~██████████~~: Your son buckled himself?

~~██████████~~: He buckled himself.

~~██████████~~ Are you sure that he buckled himself in?

~~██████████~~ I was pretty sure.

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WITNESS

SIGNED

DATE/TIME

**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

PAGE 5

[REDACTED] Your wife was seated in the back seat. Do you recall which side of the back seat she was seated on?

[REDACTED] At that time, I don't really remember.

[REDACTED] When we were talking earlier, you mentioned that your daughter had fallen asleep during the movie, so she was laying on your daughter's....

[REDACTED]: She was, she was laying on my right lap, and then my wife thought that, ya know, belted in. ...for safety.

[REDACTED] Okay, you said earlier that you used the street that ran next to **[REDACTED]**, right, to go home?

[REDACTED] Yeh, I always take that road to go home, when I'm in that...

[REDACTED] Do you know the name of that street?

[REDACTED] Ah...

[REDACTED] If I told you **[REDACTED]**, would that mean anything to you?

[REDACTED]: I'm not sure, I guess..I don't know the street.

[REDACTED] But that street runs into **[REDACTED]** where this accident occurred?

[REDACTED]: Yeh.

[REDACTED] Why don't you tell me about the ride home.

[REDACTED]: Well, like I said, my kid was next to me. My wife was in the rear seat with my daughter and went to go home and a few minutes later my daughter wake up. And then my wife put my daughter next to her and buckle her up. Put a seatbelt on her. Then I don't know, I think my wife went to pick up something from the floor, ya know, from the floor of the car, and the next thing I hear is, ya know, the accident happens.

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WITNESS

SIGNED

DATE/TIME

**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

PAGE

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Okay, let me back up a little bit, okay. When you got to the end of [REDACTED] we were discussing earlier, where it intersects with [REDACTED] there's a stop sign there. Do you recall stopping there?

[REDACTED]: Yeh, I did, because I a car was coming.

[REDACTED] Another car was coming down [REDACTED]

[REDACTED]: Yeh, I remember that.

[REDACTED] Do you remember which lane that car was in? Did it make a right hand turn?

[REDACTED] It made a right one I guess.

[REDACTED] okay.

[REDACTED] I didn't see it, when I take a right, I didn't see any going that way.

[REDACTED]: Okay, now, you make the right hand turn onto [REDACTED] Which lane are you in?

[REDACTED] I'm in the middle, because I'm going to keep going straight.

[REDACTED] So you take the middle lane to go straight. As you approach the intersection, with [REDACTED] there's a set of lights there.

[REDACTED] Yeh, there was a red light.

A blinking light.

[REDACTED]: Okay, were the lights solid, or were they blinking?

[REDACTED]: They were blinking.

[REDACTED] Do you recall what color they were blinking?

[REDACTED] Red.

[REDACTED] Okay, when you got up to that intersection, what do you do?

[REDACTED]: I stopped.

[REDACTED] You stopped?

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WITNESS

SIGNED

DATE/TIME

~~██████████~~ POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE

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~~██████████~~ Yeh.

~~██████████~~ Do you recall how long you stopped?

~~██████████~~ No, I couldn't say. I just stopped and see both ways and I don't see no body.

~~██████████~~ Okay, so when you were stopped at that intersection, you looked both ways, saw nobody, then what do you do?

~~██████████~~ Then I just keep going. I was going right in the middle of the street and when saw the lights of the car coming up and that's when the accident happened.

~~██████████~~ Okay, so you get pushed into a light pole, a traffic light pole?

~~██████████~~ Yeh.

~~██████████~~ Did you immediately get out of the car?

~~██████████~~ Yeh, I saw my wife and my daughter were screaming, and I didn't relize that my son was hurt to bad, because he was wearing a seatbelt, so he was laying like this way, ya know. I just open my door and I just take my daughter and my wife out of the car first. And then I go around my car and opened the door. The door was stuck. I guess all the window was smashed, ya know, where my son's side was. I just go to it and try to see what's wrong with him.

~~██████████~~: Did you ever talk to the other driver?

~~██████████~~ (inaudible)...ya know, I was so, so upset. I don't know where he has gone, It was too fast.

~~██████████~~ You say the other guy was driving fast?

~~██████████~~ I guess so, yeh. It happened too fast, ya know, I just saw him slide, I don't have much time to maneuver the car.

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WITNESS

SIGNED

DATE/TIME

POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE 8

Is there anything you'd like to add, that you think I might have forgotten to ask you?

No...

Is there anything you'd like to add, that I may have forgotten maybe to ask.

I think that I have said everything.

This will be the end of the interview. The time right now is 07:38 PM. This is

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS. AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT BE STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS

SIGNED

DATE/TIME

DEPARTAMENTO DE POLICIA
[REDACTED] NEW HAMPSHIRE

MIRANDA WARNING
(ADVERTENCIA)

NPD CONTROL NO.: [REDACTED]
NOMBRE: [REDACTED]
DOMICILIO: [REDACTED]
LUGAR: NPD
HORA: 1856
FECHA: [REDACTED] 96 FECHA DE NACIMIENTO: [REDACTED] 71

SUS DERECHOS

ANTES DE HACERLE CUALQUIER PREGUNTA, USTED DEBE CONOCER SUS DERECHOS:

1. X USTED TIENE EL DERECHO DE PERMANECER EN SILENCIO;
2. X CUALQUIER COSA QUE USTED DIGA, PUEDE Y SERA USADA EN CONTRA DE USTED EN UNA CORTE DE JUSTICIA;
3. X USTED TIENE EL DERECHO DE HABLAR CON UN ABOGADO ANTES DE CONTESTAR CUALQUIER PREGUNTA, Y DE TENERLO PRESENTE MIENTRAS LE HACEN LAS PREGUNTAS;
4. X SI USTED NO PUEDE PAGAR A UN ABOGADO QUE LO REPRESENTE Y QUIERE UNO SE LE PROPORCIONARA UN ABOGADO A USTED GRATIS (A NINGUN COSTO;)
5. X SI USTED DECIDE CONTESTAR PREGUNTAS AHORA SIN TENER UN ABOGADO PRESENTE, USTED TIENE EL DERECHO DE NO CONTESTAR LAS PREGUNTAS EN CUALQUIER MOMENTO.

RENUNCIA

YO HE LEÍDO (O ALGUIEN ME HA LEÍDO) LA DECLARACIÓN DE MIS DERECHOS QUE APARECEN EN ESTA PÁGINA. YO ENTIENDO CUÁLES SON MIS DERECHOS. YO ESTOY DISPUESTO A RESPONDER PREGUNTAS AHORA SIN TENER UN ABOGADO PRESENTE. YO ENTIENDO Y SE LO QUE ESTOY HACIENDO. NO ME HAN HECHO PROMESAS O AMENAZAS Y TAMBIEN NO ME HAN PRESIONADO EN NINGUNA MANERA, YO DOY ESTA DECLARACIÓN VOLUNTARIAMENTE.

TESTIGO: [REDACTED] FIRMA: [REDACTED]
TESTIGO: [REDACTED] FECHA Y HORA: [REDACTED] 96 - 7:06 P.M.
FECHA Y HORA: [REDACTED] 96/1906

DEPARTMENT OF POLICE
[REDACTED] NEW HAMPSHIRE

MIRANDA WARNING

NPD CONTROL NO.: [REDACTED]
NAME: [REDACTED]
ADDRESS: [REDACTED] NH
PLACE: NPD
DATE: 1856
TIME: [REDACTED] 96
DATE OF BIRTH: [REDACTED] 71

YOUR RIGHTS

BEFORE WE ASK YOU ANY QUESTIONS, YOU MUST UNDERSTAND YOUR RIGHTS:

1. [REDACTED] YOU HAVE THE RIGHT TO REMAIN SILENT;
2. [REDACTED] ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW;
3. [REDACTED] YOU HAVE THE RIGHT TO TALK TO A LAWYER BEFORE ANSWERING ANY QUESTIONS, AND YOU MAY HAVE HIM PRESENT DURING QUESTIONING;
4. [REDACTED] IF YOU CANNOT AFFORD A LAWYER AND WANT ONE, A LAWYER WILL BE PROVIDED FOR YOU AT NO COST TO YOU;
5. [REDACTED] IF YOU DECIDE TO ANSWER ANY QUESTIONS NOW WITHOUT A LAWYER PRESENT, YOU HAVE THE RIGHT TO STOP ANSWERING AT ANY TIME.

WAIVER

I HAVE READ (OR HAVE HAD READ TO ME) THE STATEMENT OF MY RIGHTS AS SHOWN ABOVE. I UNDERSTAND WHAT MY RIGHTS ARE. I AM WILLING TO ANSWER QUESTIONS AT THIS TIME WITHOUT A LAWYER PRESENT. I UNDERSTAND AND KNOW WHAT I AM DOING. NO PROMISES OR THREATS HAVE BEEN MADE TO ME AND NO PRESSURE OF ANY KIND HAS BEEN USED AGAINST ME. /I GIVE THIS STATEMENT OF MY OWN FREE WILL.

WITNESS: [REDACTED]

SIGNED: [REDACTED]

WITNESS: [REDACTED]

DATE & TIME: [REDACTED] 96 - 7:26 P.M.

DATE & TIME: [REDACTED] 96/1906

DEPARTAMENTO DE POLICIA
[REDACTED] NEW HAMPSHIRE

MIRANDA WARNING
(ADVERTENCIA)

LUGAR: [REDACTED]
HORA: [REDACTED] 96
FECHA: 0127 HRS.

NPD CONTROL NO. [REDACTED]
NOMBRE: [REDACTED]
DOMICILIO: [REDACTED] NH
FECHA DE NACIMIENTO: [REDACTED] 71

SUS DERECHOS

ANTES DE HACERLE CUALQUIER PREGUNTA, USTED DEBE CONOCER SUS DERECHOS:

1. [REDACTED] USTED TIENE EL DERECHO DE PERMANECER EN SILENCIO;
2. [REDACTED] CUALQUIER COSA QUE USTED DIGA, PUEDE Y SERA USADA EN CONTRA DE USTED EN UNA CORTE DE JUSTICIA;
3. [REDACTED] USTED TIENE EL DERECHO DE HABLAR CON UN ABOGADO ANTES DE CONTESTAR CUALQUIER PREGUNTA, Y DE TENERLO PRESENTE MIENTRAS LE HACEN LAS PREGUNTAS;
4. [REDACTED] SI USTED NO PUEDE PAGAR A UN ABOGADO QUE LO REPRESENTA Y QUIERE UNO SE LE PROPORCIONARÁ UN ABOGADO A USTED GRATIS (A NINGÚN COSTO;)
5. [REDACTED] SI USTED DECIDE CONTESTAR PREGUNTAS AHORA SIN TENER UN ABOGADO PRESENTE, USTED TIENE EL DERECHO DE NO CONTESTAR LAS PREGUNTAS EN CUALQUIER MOMENTO.

RENUNCIA

YO HE LEÍDO (O ALGUIEN ME HA LEÍDO) LA DECLARACIÓN DE MIS DERECHOS QUE APARECEN EN ESTA PÁGINA. YO ENTIENDO CUÁLES SON MIS DERECHOS. YO ESTOY DISPUESTO A RESPONDER PREGUNTAS AHORA SIN TENER UN ABOGADO PRESENTE YO ENTIENDO Y SE LO QUE ESTOY HACIENDO. NO ME HAN HECHO PROMESAS O AMENAZAS Y TAMBIÉN NO ME HAN PRESIONADO EN NINGUNA MANERA, YO DOY ESTA DECLARACIÓN VOLUNTARIAMENTE.

TESTIGO: [REDACTED]
TESTIGO: [REDACTED]
FECHA Y HORA: [REDACTED] 96/0120

FIRMA: [REDACTED]
FECHA Y HORA: [REDACTED] 96 1:30 AM

DEPARTMENT OF POLICE
NEW HAMPSHIRE

MIRANDA WARNING

NPD CONTROL NO.: [REDACTED]

NAME: [REDACTED]

ADDRESS: [REDACTED] NH

PLACE: [REDACTED] DATE OF BIRTH: [REDACTED]

DATE: [REDACTED] 96

TIME: 0127 HRS.

YOUR RIGHTS

BEFORE WE ASK YOU ANY QUESTIONS, YOU MUST UNDERSTAND YOUR RIGHTS:

1. YOU HAVE THE RIGHT TO REMAIN SILENT;
2. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW;
3. YOU HAVE THE RIGHT TO TALK TO A LAWYER BEFORE ANSWERING ANY QUESTIONS, AND YOU MAY HAVE HIM PRESENT DURING QUESTIONING;
4. IF YOU CANNOT AFFORD A LAWYER AND WANT ONE, A LAWYER WILL BE PROVIDED FOR YOU AT NO COST TO YOU;
5. IF YOU DECIDE TO ANSWER ANY QUESTIONS NOW WITHOUT A LAWYER PRESENT, YOU HAVE THE RIGHT TO STOP ANSWERING AT ANY TIME.

WAIVER

I HAVE READ (OR HAVE HAD READ TO ME) THE STATEMENT OF MY RIGHTS AS SHOWN ABOVE. I UNDERSTAND WHAT MY RIGHTS ARE. I AM WILLING TO ANSWER QUESTIONS AT THIS TIME WITHOUT A LAWYER PRESENT. I UNDERSTAND AND KNOW WHAT I AM DOING. NO PROMISES OR THREATS HAVE BEEN MADE TO ME AND NO PRESSURE OF ANY KIND HAS BEEN USED AGAINST ME. I GIVE THIS STATEMENT OF MY OWN FREE WILL.

WITNESS: [REDACTED]

SIGNED: [REDACTED]

WITNESS: [REDACTED]

DATE & TIME: [REDACTED] 96

1:30 AM

DATE & TIME: [REDACTED] 9/1/01


VICTIM/WITNESS:

To assist the [REDACTED] Police Department locating you in the event you change addresses, move from the [REDACTED] area, or if for any reason you are not available at the time of trial, it is requested you supply three references below. Please give the names of three individuals who would be readily aware of your current whereabouts. The names listed below would only be contacted in the event the [REDACTED] Police Department could not locate you to serve a subpoena for appearance in court.

1. Name: _____ DOB: _____
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) _____

2. Name: _____ DOB: _____
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) _____

3. Name: _____ DOB: _____
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) _____

| | | | |
|--------------------------------|---|--|---|
| LOCAL USE [REDACTED] | <div style="text-align: center;"> STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION </div> <div style="text-align: center;">  </div> | | M.V. USE ONLY No. _____ Date Rec'd _____ Amended Report <input type="checkbox"/> Hit and Run <input type="checkbox"/> |
| Please Print or Type | | | |

| | | | | |
|-----------------------------------|---------------------------|--------------------|---------------|----------------------------|
| DATE OF ACCIDENT [REDACTED] 96 | DAY OF WEEK [REDACTED] | TIME (Military) | } OF ACCIDENT | CITY/TOWN [REDACTED] NH |
|-----------------------------------|---------------------------|--------------------|---------------|----------------------------|

On [REDACTED] 1996, at approximately 1820 hours, this detective and Officer [REDACTED] responded to the [REDACTED], and made contact with [REDACTED] 73. This contact was in regard to obtaining a witness statement reference an auto accident, which had occurred on [REDACTED] 1996. [REDACTED] agreed to provide this detective with an audio taped statement detailing her observations of this accident. This statement was voluntary, and [REDACTED] assisted in translating, due to a language barrier. After providing this detective with an audio taped statement, contact was ended with [REDACTED]. She was thanked for her time and cooperation.

CITE AUDIO TAPED STATEMENT.

[REDACTED]

**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

CASE # _____

DATE _____

TIME _____

PLACE _____

I, _____, GIVE THE FOLLOWING VOLUNTARY STATEMENT

_____ WHO HAS IDENTIFIED HIMSELF/HERSELF AS A MEMBER OF THE

_____ POLICE DEPARTMENT. HE/SHE HAS ADVISED ME AND I UNDERSTAND THE FOLLOWING

1. I have the right to remain silent and not give this statement or incriminate myself in any way.
2. Anything I say in this statement can and will be used against me in a court of law.
3. Even if I cannot afford a lawyer, I have the right to have one paid for by the court and to talk to a lawyer for advice before giving this statement and to have him/her with me during this statement.
4. If I decide to give this statement now without a lawyer present, I still have the right to stop giving this statement at any time.
5. No threats or promises have been made either to or against me to obtain this statement.
6. I knowingly and purposely waive my right to the advice and presence of a lawyer before and during this statement.
7. I give this statement voluntarily of my own free will and accord.

SIGNED _____

DATE/TIME _____

WITNESS _____

This is _____ today's date is _____ 1996.

The time is 1935 hrs. Present is _____ and _____
could you give your current date of birth?

_____ He says to tell him your date of birth.

_____ 73.

_____ Okay and your current address?

_____ Where do you live now? You can tell me in Spanish.

_____ What city?

_____ Okay, I'm going to call your attention to yesterday's date,
which was _____ 1996, around 9:35. Were you with your family at home in _____

_____ He says that yesterday, about 9:30 PM, if you were home with your family

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS _____

SIGNED _____

DATE/TIME _____

**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

PAGE 2

_____: nine thirty at night? No, we went to the movies.

_____: You said you decided to go to the movies?

_____: Yes the movie started at nine thirty five.

_____: Okay, at nine thirty five where was this movie playing, which movie theater.

_____: At nine thirty five where did you go to the movies?

_____: At the movies that is on _____ Street.

_____: Okay. Did you drive directly from your house to the movie theater?

_____: Did you drive directly from your house to the movie theater?

_____: Affirmative

_____: And present with you was your husband, and your son, _____ and your daughter _____, is that correct?

_____: Affirmative.

_____: That your husband was with you, your son and your daughter.

_____: Yes.

_____: _____ do you remember where everybody was sitting on the way to the movies.

_____: He says if you remember where were the persons sitting when you were going to the movies.

_____: My husband was driving, my son was next to him sitting in the front seat, my daughter was behind him, and I was behind my son.

_____: _____ did you and your family stay for the entire movie once you got there?

_____: When you got to the movies, did you see the entire movie?

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT BE STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS

SIGNED

DATE/TIME

~~██████████~~ POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE 3

~~██████████~~: Yes.

~~██████████~~ Oh, do you recall which movie it was ~~██████████~~

~~██████████~~ Do you remember which movie it was?

~~██████████~~ We were at nine thirty five at the movies because the movie started at nine thirty five. We went to see the movie ~~██████████~~ that I promised my son.

~~██████████~~ Oh, when you left the movies were you going straight home after that ~~██████████~~

~~██████████~~ Yes.

~~██████████~~ And could you explain to me where everybody in the family was seated in the vehicle?

~~██████████~~ He says that after you left the movies, where were the persons sitting?

~~██████████~~ inaudible...he is driving, my son in the front seat, my daughter stay behind my husband, and I stay behind my son.

~~██████████~~ Your daughter you said was sitting behind your husband?

~~██████████~~ Yes.

~~██████████~~ Okay, ~~██████████~~ you explained to me earlier that your daughter was sitting on your lap. Do you recall that?

~~██████████~~ He says that before you told him that your daughter was sitting on your lap.

~~██████████~~: That my daughter was sittin on my lap when?

~~██████████~~ When you left the movies.

~~██████████~~ Yes, she was sitting on my lap after because I was fixing her hair, because she has ponytails. I fixed her up and I sat her down there.

~~██████████~~ So you recall ~~██████████~~ where your daughter ~~██████████~~ was sitting?

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WITNESS

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DATE/TIME

**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

PAGE 4

No.

He says that if you remember where she was sitting.

She was sitting behind my husband.

She says that originally she was sitting on her lap because ~~DETECTIVE~~
she was fixing her hair and then ~~DETECTIVE~~ sat on the rear behind her father.

Oh, was ~~DETECTIVE~~ wearing a seatbelt?

Yes.

Did she put that seatbelt on?

I put the seatbelt on her.

You put it on?

Yes.

Okay, ~~DETECTIVE~~ you stated earlier that when you left the movies,
you were sitting directly behind your son, ~~DETECTIVE~~

Yes.

And you told us that you had instructed him to put on his
seatbelt?

He says that you had told your son to put on the seatbelt.

Yes.

and you stated that you saw him tugging on the strap?

He says that you saw your son when he was pulling on the seatbelt.

Yes, I saw him.

Then you stated that you had turned away to tend to your
daughter?

Yes.

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DATE/TIME

**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

PAGE 5

That you were putting the seatbelt on your daughter.

My daughter.

Okay, do you recall him tugging on the belt, but you couldn't say for sure whether or not he put on the seatbelt?

Yes, because when I'm talking to my son putting his seatbelt because you see the movie 911 everyday, you see something happen (inaudible) so he says, "okay Mom okay." So I see how he pulls ...inaudible... and I put on her seatbelt.

Okay, so you saw him tugging on the belt, but you don't, you couldn't say whether or not you saw him inserted into the seatbelt holder?

He says that you saw him when he was pulling the seatbelt, but that if you are sure that he put it in, how do I say it, in the section that you put it in where the button is to take it off?

I think so because when I tell him, he obeys me in what I say.

What I'm saying is are you sure one hundred percent sure.

I..because I told him to put on the seatbelt.

and he obeys you.

and he obeys me everytime I tell him.

Oh what she was saying is that she had asked him to do that, and because she knows that he obeys, he would have done it, but...

She is not positive, okay. Do you recall where the car was when everybody was putting their seatbelt on?

When everybody was putting on their seatbelt, where was the car?

....inaudible..the car was just starting up.

Where?

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SIGNED

DATE/TIME

~~██████████~~ POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE 6

~~██████████~~ At the movies, outside the movies.

~~██████████~~ Outside the movies.

~~██████████~~ Once you left the parking lot of the movies ~~██████████~~, you told us that your husband ~~██████████~~ was driving, went down ~~██████████~~.

~~██████████~~ He says that when you left the movies then you took ~~██████████~~.

~~██████████~~ Affirmative.

~~██████████~~ Yes or no.

~~██████████~~ Yes we took ~~██████████~~.

~~██████████~~ And you don't believe that your husband had his seatbelt on because he normally does not wear one.

~~██████████~~ Yeh, he not wear his seatbelt.

~~██████████~~ He did not put it on.

~~██████████~~: No.

~~██████████~~ Okay.

~~██████████~~ Once you got to the intersection of ~~██████████~~ which is near the hospital that you are in right now, ~~██████████~~

~~██████████~~ and the ~~██████████~~, you advised us that you do recall stopping at that light?

~~██████████~~ He says that when you got to the intersection of ~~██████████~~ and ~~██████████~~ that is the intersection where the gas station is, if you remember that you told me before that your husband stopped there and he let traffic go by.

~~██████████~~: Oh yes, he wait for all the cars coming, so when all cars passed so he goes slow...inaudible.

~~██████████~~: So you remember that he stopped there and let the traffic go?

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**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

PAGE 7

[REDACTED] Yes.

[REDACTED] Did you turn into the street between the **[REDACTED]** and the hospital?

[REDACTED] Then you turned into the street between the hospital and the **[REDACTED]** the one you said that is behind **[REDACTED]**. The street that you say that is like a curve?

[REDACTED] Ah...inaudible.

[REDACTED] But you remember going by the curve.

[REDACTED] Yes, I remember the curve...inaudible. Yes, I remember being on the curve...inaudible the car went by, he went by slowly then a little after the curve, a bit after my daughter threw the pocketbook. I didn't pick it up right away because my son was talking to me, and few minutes before the accident. I picked up my pocketbook, I put my pocketbook on my lap, because I stood it and saw, and I saw that car was coming fast. It hit us, and the car hit us exactly where my son was.

[REDACTED] Okay, I'm going to go off tape. the time is now 1946 hours, ⁴ **[REDACTED]** die to some persons entering this room.

[REDACTED] This is **[REDACTED]**. We are back on tape. The time is now 1951 hours. Present is **[REDACTED]** and **[REDACTED]**, **[REDACTED]** before we were interrupted, I believe when we had left off, you were explaining to us how your husband had turned the vehicle from **[REDACTED]** into **[REDACTED]**.

[REDACTED]: He says that before we were interrupted during the tape that you were telling how your husband took from **[REDACTED]** to **[REDACTED]** which is the one that you described as a curve. Do you remember that?

[REDACTED] Affirmative.

[REDACTED] Yes or no?

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**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

PAGE 8

[REDACTED]: I know that we went by [REDACTED]

[REDACTED]: But do you remember going by the street that you said is like a curve.

[REDACTED]: That's I don't remember...inaudible...

[REDACTED]: Okay.

[REDACTED]: I remember the curve.

[REDACTED]: Okay you remember the curve.

[REDACTED]: Yes.

[REDACTED]: Okay.

[REDACTED]: [REDACTED], while you were travelling on [REDACTED], you explained to us earlier that at some point you had taken your daughter, [REDACTED], who was sitting next to you in the left rear passenger seat, and you had moved her onto your lap so that you could do her hair? Is that correct?

[REDACTED]: He says that you had told me before that you had your daughter sittin down and then you moved her?

[REDACTED]: Yes, because...inaudible...yes because all the door locks open at the same time, then I opened my door...inaudible... then I sat my daughter.

[REDACTED]: Did that happen before the car was moving?

[REDACTED]: Yes, before, before.

[REDACTED]: What she is saying is that it happened before they started, the husband started driving.

[REDACTED]: Okay.

[REDACTED]: When they first got in.

[REDACTED]: Alright, once the car was in motion from the movie theater, was your daughter sitting next to you on the passenger seat?

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DATE/TIME

**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

PAGE 9

[REDACTED]: Yeh.

[REDACTED] He says that when the car was moving, If your daughter...

[REDACTED] She was sitting in her seat next to me.

[REDACTED] And was she seatbelted into place?

[REDACTED] If she had her seatbelt on?

[REDACTED]: Yes her seatbelt, I put on her seatbelt.

[REDACTED] Were you seatbelted into place?

[REDACTED] If you had your seatbelt.

[REDACTED] I also had my seatbelt, after because I put it on her first, then I put it on.

[REDACTED] And again you instructed your son **[REDACTED]** to put on his belt?

[REDACTED]: Yes.

[REDACTED] And you recall him tugging on the strap, belt because the back seat, because of the back of his seat is somewhat obstructing your view you said that you couldn't be sure whether or not he inserted the buckle into the seatbelt holder?

[REDACTED] You told me that you told your son to put on the seatbelt and that you saw when he was pulling on it.

[REDACTED] Yes, I saw him when he was pulling his seatbelt..inaudible... I know that when I speak to my children, they pay attention to me.

[REDACTED] Yes- Are you sure that he put it in, but that he always obeys you?

[REDACTED] He always obeys me and I know that he obeys me and I told him-put your seatbelt because you have seen the accidents that happen in 911, and he said, "okay mommy". I saw him pull on his seatbelt. That's when I put my daughter, I sat her down and put her seatbelt on, before I put on mine.

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**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

PAGE 10

Okay, what happened after you put on your seatbelt.

: What happened?

: Did the car start moving or were you there for some time?

The car then started moving but I put my daughter when the car was off and I put on my seatbelt when the car was moving.

You were travelling on [REDACTED], which is that street up stated you found to be a curvey street, or it had a couple of curves in the road. At some point on [REDACTED] you stated that your daughter had knocked you pocketbook onto the floor of the car, is that correct?

He says that when you had told me before that when you took the street that you describe as a curve that in that street your daughter had hit your pocketbook and that you pocketbook fell down?

Yes.

: And you reached down to pick up your pocketbook?

That you bent down to pick up your pocketbook.

She knocked down my pocketbook after the curve, a little after the curve, she knocked down my purse to the floor.

: He says if you bent down to pick up the pocketbook.

: I did like this to get my pocketbook.

You bent down to get it?

Yes.

: Okay, as you were approaching that intersection, [REDACTED], you stated well, you were sitting back in an upright position after getting the pocketbook that was on the floor. You looked to your right and you noticed headlights coming toward your car. Is that correct?

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DATE/TIME

POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

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He says that after you picked up your pocketbook and you sat down and you were putting the pocketbook on your lap, that you looked and you say headlights coming.

The light on the car that was coming fast...inaudible.

And although you stated that you are unaware of the set of lights being at that intersection you didn't recall what those light were doing because you were bent over and that you only recall the light on [REDACTED] as being red and not this set of lights in particular.

He says that because you were like bent down forward that you had said that you were sure that the light there where the accident happened (how they were) if you remember that.

huh?

If you remember, you remember, otherwise...

What I remember is that my daughter knocked down my pocketbook, and I didn't pick it up right away, because my son was talking to me.

Do you remember the lights where the accident happened, or you don't remember?

I know, the only thing is two minutes before getting to the light, I bent down to pick up my pocketbook while I put my pocketbook on my lap...inaudible...that's when my husband..inaudible.

When you looked at the headlight from the car, did you look at the traffic light above? Or only you put your pocketbook and looked to your right and saw the headlight.

Yes, I saw the headlight from the car.

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POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE 12

[REDACTED]: Of the car?

[REDACTED]: Yes.

[REDACTED]: Then did you have time to see the traffic light?

[REDACTED]: I can not tell you for sure, but I can tell you that he was not going very fast, because he was going slow.

[REDACTED]: He was going slow?

[REDACTED]: Slow, because he the other light was there, inaudible...my pocketbook few minutes before it happened. I put my pocketbook, I saw that the car was coming fast. I didn't care about myself....inaudible...I thought about protecting my daughter.

[REDACTED]: Hold on a second, he has another question for you because we are finishing, okay?

[REDACTED]: Okay, did she just explain the accident?

[REDACTED]: More or less, she just said that they got to the intersection. She got the pocketbook, put it on her lap. She looked to the right, there are some headlights coming, then I did ask her if you know if after she saw the headlight, whether or not she looked up and saw the traffic light and she said that she doesn't know. The other thing the only other thing she did say is her husband was going slow.

[REDACTED]: So she only recalls upon approaching that intersection, that he was going slow. Does she recall prior to the intersection whether or not he stopped or she just recalls slowing down?

[REDACTED]: He says that when the accident happened if your husband was stopped there or he was going slow, very slow.

[REDACTED]: I think that he was going slow.

[REDACTED]: Slow, not very fast?

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS, AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT BE STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS

SIGNED

DATE/TIME

POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE 13

[REDACTED]: No, no, no, no. I think that his light was red, a red blinking light.

[REDACTED]: Are you sure of that or you don't know?

[REDACTED]: I think that it was his.

[REDACTED]: Okay.

[REDACTED]: because the other person I think he had a yellow blinking light and he was supposed to stop.

[REDACTED]: Okay.

[REDACTED]: , inaudible.

[REDACTED]: And you stated to us that after the collusion, ^{which} ~~hwich~~ was on your side of the vehicle, your car was forced up against a light pole?

[REDACTED]: He says that after the accident, your car hit a lightpole.

[REDACTED]: Yes because, what happened is the car kept on going. My husband kept going..inaudible...my husband tried to turn the car so that he would hit us in the rear.

[REDACTED]: What he is saying is that after the accident the car hit a lightpole and it stayed there.

[REDACTED]: Yes, it stayed there, it stayed there.

[REDACTED]: Okay after the collusion, [REDACTED], could you explain to us how you stated that you weren't able to see your son, [REDACTED]

[REDACTED]: He says that after the accident happened, that you told me that you did not see your son.

[REDACTED]: No, I couldn't see my son. Because when the car stopped my husband got out real quick to see his son.

[REDACTED]: Who went out first?

[REDACTED]: Him.

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WITNESS

SIGNED

DATE/TIME

**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

PAGE

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Who?

He went out first to see the baby. I delayed a little bit because while the car stopped, I checked my daughter to see how she was doing..inaudible..want to see my son..inaudible...because he told me that he was okay because he had a pulse.

If you want, you can talk to me in Spanish.

inaudible

Yes.

Then I got out through the door of my car..inaudible... ha has a pulse, has a pulse.

Did you get to see him?

No, I didn't see him.

Why?

My husband wouldn't let me see him because he is inaudible.

And was he blocking you?

Yes and I said I stood calling I stood at the corner call 911, please call 911. My son is dying, my son is dying.

While you were there, did anyone move the child?

I don't know I didn't see. I was outside yelling for the police to come, the ambulance.

But you know that your husband took his pulse.

Yes, he touched him here, because he sometimes also... inaudible...we like to see that.

Were you able to get out of the vehicle by yourself?

Did you get out of the car without any help?

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WITNESS

SIGNED

DATE/TIME

POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE 15

[REDACTED] Yes, I got out of the car because I was crazy to see my son. I had a broken arm but ...inaudible...I didn't care about myself, only my son. Someone call, someone call, I started yelling, Call 911, call 911. And the ambulance came and the ambulance took me. And I told them...inaudible...save my son. I'm fine, I'm fine ...inaudible.

COMMENT: INTERRUPTION IN THE INTERVIEW DUE TO TWO RELATIVES.

[REDACTED] Were you transported to the hospital by Ambulance?

[REDACTED]: He says that if they took you to the hospital here in an ambulance.

[REDACTED] I don't remember because I was...inaudible... when I came out I was dizzy, because of the accident, I was dizzy. But in my dizziness...

[REDACTED] You don't remember?

[REDACTED]: I called, yelled, someone call, please call the ambulance. I saw that...inaudible.

[REDACTED] inaudible.

[REDACTED] Inaudible.

[REDACTED]: Do you recall the car that was involved in the accident with your **[REDACTED]**?

[REDACTED] He says if you remember the car that hit you in the accident?

[REDACTED]: I know I think that it was a red car.

[REDACTED] She said red.

[REDACTED] **[REDACTED]** did she pretty much explain what her observations were after the collision?

[REDACTED]: Yeh.

[REDACTED] Okay, do you have any other questions **[REDACTED]** that you think might be useful?

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WITNESS

SIGNED

DATE/TIME

PAGE 16

Okay, that will conclude this interview with

This is [REDACTED] with [REDACTED] The time is now 2005
hours.

DATE/TIME

LOCAL USE

STATE OF NEW HAMPSHIRE
TRAFFIC ACCIDENT REPORT
SUPPLEMENTAL INFORMATION



M.V. USE ONLY

No.

Date Rec'd

Amended
Report ☐

Hit and Run ☐

Please Print or Type

DATE OF ACCIDENT

DAY OF WEEK

TIME
(Military)

OF ACCIDENT
2327hrs

CITY/TOWN

On [REDACTED] 1996 at approximately 0125 hrs. I interviewed the operator of the vehicle involved in this incident. The statement was typed, I reviewed the statement with [REDACTED], and he did sign the statement. I then reviewed a consent to search with [REDACTED]. He did understand and signed the consent to search. The typed statement is attached. It should be noted that there was no indication of [REDACTED] being under the influence of alcohol.

NH

DOB- [REDACTED] 55

Work# [REDACTED]

**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

CASE #

DATE 1996

TIME 0125hrs

PLACE

I, , GIVE THE FOLLOWING VOLUNTARY STATEMENT

WHO HAS IDENTIFIED HIMSELF/HIMSELF AS A MEMBER OF THE

POLICE DEPARTMENT. HE/SHE HAS ADVISED ME AND I UNDERSTAND THE FOLLOWING

1. I have the right to remain silent and not give this statement or incriminate myself in any way.
2. Anything I say in this statement can and will be used against me in a court of law.
3. Even if I cannot afford a lawyer, I have the right to have one paid for by the court and to talk to a lawyer for advice before giving this statement and to have him/her with me during this statement.
4. If I decide to give this statement now without a lawyer present, I still have the right to stop giving this statement at any time.
5. No threats or promises have been made either to or against me to obtain this statement.
6. I knowingly and purposely waive my right to the advice and presence of a lawyer before, and during this statement.
7. I give this statement voluntarily of my own free will and accord.

SIGNED

DATE/TIME

WITNESS

My name is I live at in

Tonight I worked at in . I am employed as a janitor there. I worked tonight for a school dance. I left at about 11:00pm. I drove towards I stopped for gas at the on I then drove into onto

I was driving my 1988 Pontiac Grand Am, it was registered in 1996, and inspected at that time.

As I came down there was no vehicle in front of me. I driving at about 30-35 mph. As I approached the intersection a grey vehicle came out of and hit my vehicle. My left front bumper hit with his right

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WITNESS

SIGNED

DATE/TIME

1:55

**[REDACTED] POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

PAGE 2

front passenger door. I locked up my brakes but I am not sure when I did.

I had a flashing yellow light as I approached the intersection. My headlights were on as I was driving. I never saw him coming out of ~~the intersection~~ I was driving in the left lane.

The vehicles separated after the crash, and I wound up on ~~the street~~ I then saw the woman get out of the other car. She was yelling for someone to call 911. There was a guy driving, a child in the front seat, and I'm not sure where the lady had been in the vehicle. I never went over to the other car. The lady was yelling something in Spanish but I couldn't understand her. I have not had any alcohol or drugs all day today.

Then we waited until the police arrived.

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT BE STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

[REDACTED]
WITNESS

[REDACTED]
SIGNED

[REDACTED] / 96
DATE/TIME

1:55 AM

CONSENT SEARCH

I, [REDACTED], having been informed of my constitutional right not to have a search made of my (~~premises~~) (automobile) (~~person~~) without a Search Warrant and of my right to refuse to consent to such a search, do hereby authorize [REDACTED] and [REDACTED] Police, who have identified themselves to me as law enforcement officers, to conduct a complete search of my (~~premises~~) (automobile) (~~person~~) situate at [REDACTED] Department. They are also authorized to remove any letters, papers, materials, or other property which they may desire, and I understand that anything discovered may be used against me in a criminal proceeding.

This consent to search has been given by me voluntarily and without threats or promises of any kind.

[REDACTED]
[REDACTED]
[REDACTED]
DATE: [REDACTED] 1/96

TIME: 1:57 am

VICTIM/WITNESS:

To assist the [REDACTED] Police Department locating you in the event you change addresses, move from the [REDACTED] area, or if for any reason you are not available at the time of trial, it is requested you supply three references below. Please give the names of three individuals who would be readily aware of your current whereabouts. The names listed below would only be contacted in the event the [REDACTED] Police Department could not locate you to serve a subpoena for appearance in court.

1. Name: _____ DOB: _____/66
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) _____

2. Name: _____ DOB: _____
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) _____

3. Name: _____ DOB: _____
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) _____

| | | | | | |
|-----------------------------------|---------------------------|---|--|--|--|
| LOCAL USE [REDACTED] | | STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION | | Sheet 1 of 1 Sheet(s) M.V. USE ONLY | |
| Please Print or Type | | | | Amended Report <input type="checkbox"/> Hit and Run <input type="checkbox"/> | |
| DATE OF ACCIDENT [REDACTED] 96 | DAY OF WEEK [REDACTED] | TIME (Military) } OF ACCIDENT 2327 | CITY/TOWN [REDACTED], New Hampshire | | |

Fatal Automobile Accident
[REDACTED]


On [REDACTED] 1996 [REDACTED] advised me to respond to the scene of a serious automobile accident on [REDACTED] at [REDACTED]. [REDACTED] advised me that I would be needed to photograph the scene. I arrived and was appraised of the situation by [REDACTED] and [REDACTED]. Utilizing my department issue Nikkormat 35mm Camera and AGFA 400 Speed color film I began photographing the scene. [REDACTED] arrived shortly thereafter and pointed out several specific items that he wanted me to photograph. I photographed the entire scene to include all pertinent evidence.

After photographing the scene I met with [REDACTED] who had responded to the scene with the Department's Evidence Van. [REDACTED] and I set up the Sony 8mm video camera and I video taped the entire scene using the sony 8mm video camera.

At 0424 hours I was directed by [REDACTED] to escort the two tow trucks carrying the vehicle involved in the accident to [REDACTED] Police Department Headquarters. Both vehicles were escorted to [REDACTED] and secured in the rear parking lot. I signed the Tow receipts and turned the tow receipts and vehicle keys over to [REDACTED].

The film and video were secured as evidence by this officer. Cite photo data sheets to follow for a breakdown of the 35mm photographs.

[REDACTED]
[REDACTED]
Photograph and Video Specialist
[REDACTED] Police Department


| | | | | | |
|--|---|---|----------------------------------|--|--|
| LOCAL USE <div style="background-color: black; width: 50px; height: 15px; margin-top: 5px;"></div> | STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION | | |  | M.V. USE ONLY Amended Report <input type="checkbox"/> Hit and Run <input type="checkbox"/> |
| Please Print or Type | DATE OF ACCIDENT <div style="background-color: black; width: 50px; height: 15px; margin-top: 5px;"></div> / 96 | DAY OF WEEK <div style="background-color: black; width: 50px; height: 15px; margin-top: 5px;"></div> | TIME } OF ACCIDENT (Military) | CITY/TOWN <div style="background-color: black; width: 50px; height: 15px; margin-top: 5px;"></div> NH | |

On / 96 at 1000 Hours, myself and detective Theriault responded to in response to autopsy that was performed on a see

Upon the completion of the autopsy, released the above victims clothing that was transported from at 1400H and tagged at the Police Department.

The victims clothing was described as 2 sneakers, 1 pair of underwear, 1 blue tommy shirt, 1 blue Max jacket, 1 pair of corduroy pants.

Arrangements were made for the victims sneakers to be dropped off at

| LOCAL USE | | STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION | | M.V. USE ONLY | |
|--|--|--|------------|---------------|------------|
| [REDACTED] | |  | | No. | |
| Please Print or Type | | | | Date Rec'd | |
| DATE OF ACCIDENT | | DAY OF WEEK | TIME | OF ACCIDENT | CITY/TOWN |
| 4/4/96 | | [REDACTED] | (Military) | 2327 | [REDACTED] |
| <p>On 4/4/96 at approx 00:5hrs I responded to the [REDACTED] regarding a motor vehicle collision with serious personal injury. Upon my arrival, ER personnel were treating [REDACTED] (40) At that time he was not breathing and had no pulse.</p> <p>[REDACTED], the driver of one vehicle, arrived on [REDACTED] at approx [REDACTED] arrival shortly thereafter. Per his instruction, I released [REDACTED] of his Miranda warnings and Felony, TLS rights. He stated he understood these rights and wished to cooperate fully.</p> <p>I then briefly questioned the driver [REDACTED] about the incident. He stated that he and his family had gone to the 4135 showing of [REDACTED] at the [REDACTED]. After exiting from behind the plaza he came out on [REDACTED]. He stated he "stopped at the blinking red for a few seconds." Furthermore, he "saw the other car too late" [REDACTED] then stated, "he hit me. I don't know where, then I hit the post."</p> <p>When asked who was wearing seatbelts he stated that his wife and his daughter were buckled together in the back seat, in the back seat. His son, who was in front passenger seat, [REDACTED] stated he wasn't sure if his son was belted in. No other statements were made to me at this time.</p> <p>As stated earlier, [REDACTED] was advised of all his rights and warnings. He voluntarily signed a consent to search. Samples of his blood were drawn by [REDACTED] of [REDACTED] @ 0140 and 0247. Cite attached forms. These samples were tagged into evidence per SCP. Nothing further.</p> | | | | | |



STATE OF NEW HAMPSHIRE

BLOOD SAMPLE COLLECTION FORM

I. [REDACTED] [REDACTED]
Print Name Title

employed by [REDACTED], have withdrawn a

blood sample from [REDACTED], on [REDACTED] 96
Subject's Name (Date)

at 0140, for the purpose of analysis as authorized under RSA 265:85, I.
Time (24 hour clock)

and in accordance with Administrative Rule He-P 2202.03.

The area from which the blood was taken was cleansed with a non-alcoholic antiseptic

Betadine
Type of cleanser

SIGNATURES:

[REDACTED]
Person Withdrawing Sample

[REDACTED]
Witness

WHITE COPY TO BE RETAINED BY REQUESTING AGENCY

YELLOW COPY TO BE RETAINED BY THE PERSON WITHDRAWING THE SAMPLE



STATE OF NEW HAMPSHIRE

[REDACTED]
[REDACTED]
[REDACTED] NH [REDACTED]

NAME: [REDACTED] [REDACTED] [REDACTED] DATE: [REDACTED] 96 CCY
First Middle Last DOB: [REDACTED] -71
MAILING ADDRESS: [REDACTED] New Hampshire [REDACTED]
City State Zip
DRIVER LICENSE No.: [REDACTED] STATE: NH

FELONY
ADMINISTRATIVE LICENSE SUSPENSION & IMPLIED CONSENT RIGHTS

1. Probable cause exists to believe that you were driving a motor vehicle while under the influence of alcohol or a controlled drug.
2. You are now being asked to submit to a test or tests at the discretion of a law enforcement officer in order to determine the alcohol and/or drug concentration in your system. You may be asked to perform a breath, blood, urine or physical test, or any combination of these.
3. You have the right to a similar test or tests of blood, breath or urine taken by a person of your own choosing at your expense. Upon your request, you will be given the opportunity for such an additional test(s). You also have the right to obtain a sample of your breath, blood or urine for testing at your own expense.
4. If the test taken at the direction of the law enforcement officer shows an alcohol concentration of 0.08 or more (or if you are under age 21, of 0.04 or more), your driver's license or privilege to drive will be suspended.
5. I have been informed of these rights.

[REDACTED]
Defendant

[REDACTED]
Officer/Witness

Note: In felony situations, when mailing a copy of the Notice of Administrative License Suspension to the Division of Motor Vehicles, submit a copy of this form to indicate that the defendant was informed of his Administrative License Suspension and Implied Consent Rights.

POLICE DEPARTMENT

CONSENT SEARCH

I, _____, having been informed of my constitutional right not to have a search made of my (premises) (automobile) (person) without a Search Warrant and of my right to refuse to consent to such a search, do hereby authorize the below listed individuals, who have identified themselves to me as law enforcement officers, to conduct a complete search of my (premises) (automobile) (person) situated at _____.

They are also authorized to remove any letters, papers, materials or other property which they may desire. I understand that anything discovered may be used against me in a criminal proceeding.

This consent to search has been given by me voluntarily and without threats or promises of any kind.

(Officer's Name)

(Signature of Individual)

(Officer's Name)

Date: _____

Time: _____



STATE OF NEW HAMPSHIRE

BLOOD SAMPLE COLLECTION FORM

I, _____, _____
Print Name Title

employed by _____, have withdrawn a

blood sample from _____, on _____ 96
Subject's Name (Date)

at _____ 0247, for the purpose of analysis as authorized under RSA 265:85, I,
Time (24 hour clock)

and in accordance with Administrative Rule He-P 2202.03.

The area from which the blood was taken was cleansed with a non-alcoholic antiseptic

Betadine
Type of cleanser

SIGNATURES:

Person Withdrawing Sample

Witness

WHITE COPY TO BE RETAINED BY REQUESTING AGENCY

YELLOW COPY TO BE RETAINED BY THE PERSON WITHDRAWING THE SAMPLE

**DEPARTMENT OF POLICE
[REDACTED], NEW HAMPSHIRE
PROSECUTOR SYNOPSIS**

| | | |
|---|---|---------------------------------|
| 1. Defendants [REDACTED] [REDACTED] NH DOB: [REDACTED] 1971 SSN: [REDACTED] | 2. Log Number [REDACTED] | 3. Arrest Number |
| | 4. Violations: N. H. RSA 1. NEGLIGENCE HOMICIDE, CLASS B FELONY, RSA 630:3 | |
| | 5. Penalty 1. ONE TO SEVEN YEARS STATES PRISON, EXC. OF FINES | |
| 6. States' Witnesses 1. [REDACTED] 2. [REDACTED] NH 3. [REDACTED] NH 4. [REDACTED] NH 5. [REDACTED] ST., [REDACTED] NH 6. [REDACTED] NH [REDACTED] NH | 7. Date of Arraignment | |
| | 8. States Recommendation SAME AS #5, B.O.G.J. | |
| | 9. Prosecuted By: | 10. Defense Counsel |
| | 11. Presiding Justice | 12. Continuance Date |
| | 13. Disposition/Date | 14. Bail Information |
| | 15. Prior Criminal Record NO LOCAL RECORD RECORD SENT: NHSP, MASP, III, NCIC | |
| | 16. Date & Time of Arrest | 17. Arrested By: |

18. Synopsis

- 6. STATES' WITNESSES**
- 7. OFFICER [REDACTED]
[REDACTED] POLICE DEPT.
 - 8. OFFICER [REDACTED]
[REDACTED] POLICE DEPT.
 - 9. DETECTIVE [REDACTED]
[REDACTED] POLICE DEPT.
 - 10. CAPTAIN S [REDACTED]
[REDACTED] POLICE DEPT.
 - 11. DETECTIVE [REDACTED]
[REDACTED] POLICE DEPT.

19. Signature (Investigator)

DEP. [REDACTED]

20. Approved (Name and Title)

[REDACTED]

POLICE DEPARTMENT

MULTIPURPOSE SUPPLEMENTAL REPORT FORM 83-1A

| | | | | | |
|---|---|------------------------------------|-----------------------------|----------------|-----------------------------|
| 1 () Narrative Continued () Supplemental Report | | 2. Arrest Citation, or Summons No. | | 3. Control No. | |
| 4. () Complainant () Driver #1 () Victim () Arrestee | | | 5. Date this report | | 6. Date original occurrence |
| 7. Offense, charge or incident on original report | | | | | |
| 8. Correct offense or incident classification Changed () Yes | | | | | |
| 9. Instructions for usage: Under narrative, record your activity and all developments in the case subsequent to the last report. Describe and record value of any property recovered and names and arrest numbers of any persons arrested. Explain any offense classification change. Clearly show disposition of recovered property. Recommend to supervisor and reviewer the case status. Indicate at left "Item Number Continued", if any. | | | | | |
| Item No. | | | | | |
| | WITNESS #1, CAN TESTIFY THAT ON 96 AT APPROXIMATELY 2327 HRS. HE WAS OPERATING NH , A 1988 PONTIAC, WESTERLY ON AT APPROXIMATELY THIRTY TO THIRTY FIVE MILES PER HOUR, WHEN HE APPROACHED A BLINKING YELLOW LIGHT AT THE INTERSECTION WITH THAT AS HE PROCEEDED THRU THIS INTERSECTION HE WAS STRUCK BY A GREEN HYUNDAI WHICH HAD PULLED OUT OF | | | | |
| | WITNESS #2, CAN TESTIFY THAT ON 96 AT APPROXIMATELY 2320 HRS. HE WAS ON HIS WAY HOME FROM WORK, AT HOSPITAL, WHEN HE WAS OPERATING HIS OWN PERSONAL VEHICLE NORTHERLY ON THAT HE CAME TO A STOP AT THE INTERSECTION WITH STREET FOR A BLINKING RED LIGHT, AT THE TIME HE WAS IN THE RIGHT HAND TURN LANE. THAT HE OBSERVED THE DEF. TO BE OPERATING A DARK COLORED SEDAN ON IN THE CENTER LANE, AND THAT AS THE DEF. APPROACHED THIS INTERSECTION HE FAILED TO STOP FOR THE BLINKING RED LIGHT, AND PROCEEDED THRU LISTED INTERSECTION AT A SPEED HE ESTIMATED TO BE GREATER THAN FIFTEEN MILES PER HOUR. THAT HE OBSERVED THE VEHICLE DRIVEN BY THE DEF. STRIKE THE VEHICLE DRIVEN BY WITNESS #1 AS HE CROSSED THE LISTED INTERSECTION. THAT THIS WITNESS EXITED HIS VEHICLE AND OFFERED FIRST AID UNTIL SUCH TIME THAT MEDICAL UNITS ARRIVED ON THE SCENE. | | | | |
| | WITNESS #3, CAN TESTIFY THAT ON 96 AT APPROXIMATELY 2320 HRS. HE WAS OPERATING HIS OWN PERSONAL VEHICLE WESTERLY ON APPROXIMATELY FIVE VEHICLE LENGTHS BEHIND WITNESS #1, AND AS HE APPROACHED THE INTERSECTION WITH HE OBSERVED THAT THE TRAFFIC LIGHT FOR STREET TRAFFIC WAS FLASHING YELLOW. THAT HE OBSERVED THE DEF. OPERATING NORTHERLY ON AT A SPEED HE ESTIMATED TO BE FORTY TO FIFTY MILES PER HOUR. THAT HE OBSERVED THAT THE DEF. NEVER SLOWED OR STOPPED BEFORE ENTERING THE INTERSECTION WITH STREET AND THAT THE DEF.'S VEHICLE COLLIDED WITH THAT OF THE VEHICLE BEING DRIVEN BY WITNESS #1. | | | | |
| | WITNESS #4, CAN TESTIFY THAT ON 96 AT APPROXIMATELY 2320 HRS. HE WAS TRAVELING EAST ON APPROACHING THE INTERSECTION WITH | | | | |
| 10. | | | | | |
| Reporting/Arresting Officer | | | Reporting/Arresting Officer | | |
| 11. Supervisor Approving: | | Transcribed by: | | Date | |

POLICE DEPARTMENT

MULTIPURPOSE SUPPLEMENTAL REPORT FORM 83-1A

| | | | | | |
|---|--|------------------------------------|-----------------------------|----------------|-----------------------------|
| 1 () Narrative Continued () Supplemental Report | | 2. Arrest Citation, or Summons No. | | 3. Control No. | |
| 4 () Complainant () Driver #1 () Victim () Arrestee | | | 5. Date this report | | 6. Date original occurrence |
| 7. Offense, charge or incident on original report | | | | | |
| 8. Correct offense or incident classification Changed () Yes | | | | | |
| 9. Instructions for usage: Under narrative, record your activity and all developments in the case subsequent to the last report. Describe and record value of any property recovered and names and arrest numbers of any persons arrested. Explain any offense classification change. Clearly show disposition of recovered property. Recommend to supervisor and reviewer the case status. Indicate at left "Item Number Continued", if any. | | | | | |
| Item No. | | | | | |
| | [REDACTED] THAT HE OBSERVED THAT THE TRAFFIC LIGHT AT THIS INTERSECTION WAS BLINKING YELLOW FOR TRAFFIC ON [REDACTED] AND RED FOR [REDACTED] TRAFFIC. THAT HE OBSERVED THE DEF. APPROACHING THIS INTERSECTION TRAVELING NORTH ON [REDACTED] AND THAT THE DEF. FAILED TO SLOW OR STOP FOR THE BLINKING RED LIGHT FOR HIS DIRECTION OF TRAVEL AND THAT SUBSEQUENTLY THE DEF.'S VEHICLE STRUCK A VEHICLE BEING DRIVEN BY WITNESS #1. | | | | |
| | WITNESS #5, [REDACTED] CAN TESTIFY THAT ON THE EVENING OF [REDACTED] 96 AT APPROXIMATELY 2320 HRS. SHE WAS A PASSENGER IN A VEHICLE BEING DRIVEN BY WITNESS #3. THAT SHE WAS TRAVELING WEST ON [REDACTED] WHEN SHE APPROACHED THE INTERSECTION OF [REDACTED] AND [REDACTED] THAT SHE OBSERVED THE TRAFFIC LIGHT FOR HER DIRECTION OF TRAVEL TO BE BLINKING YELLOW. THAT SHE OBSERVED THE DEF. APPROACHING THE LISTED INTERSECTION TRAVELING NORTH ON [REDACTED] IN THE CENTER LANE, AND THAT THE DEF. KEPT A STEADY SPEED WHILE CONTINUING THRU THIS INTERSECTION, NEVER SLOWING OR STOPPING, UNTIL STRIKING THE VEHICLE BEING DRIVEN BY WITNESS #1, WHO HAD BEEN TRAVELING WEST ON [REDACTED] DIRECTLY IN FRONT OF HER. | | | | |
| | WITNESS #6, [REDACTED] CAN TESTIFY THAT ON [REDACTED] 96 AT APPROXIMATELY 2330 HRS. HE WAS EXITING THE PARKING LOT OF THE [REDACTED] ONTO [REDACTED] WHEN HE OBSERVED AN ACCIDENT SCENE AT THE INTERSECTION OF [REDACTED] [REDACTED] THAT HE RESPONDED TO THE SCENE TO OFFER FIRST AID, AND WHILE DOING SO HE HEARD THE DEF. MAKE A STATEMENT THAT HIS SON WAS NOT SEAT BELTED AT THE TIME OF THIS ACCIDENT. | | | | |
| | WITNESS #7, [REDACTED] CAN TESTIFY THAT ON [REDACTED] 96 AT APPROX. 2329 HRS. HE WAS THE FIRST RESPONDING OFFICER ON THE SCENE OF THIS ACCIDENT. THAT HE MADE CONTACT WITH THE DEF. FIRST AND THAT THE DEF. ADVISED HIM THAT AT THE TIME OF THIS ACCIDENT HIS SON, [REDACTED] WAS NOT SEAT BELTED AT THE TIME OF THIS ACCIDENT. THAT THE DEF. ALSO STATED THAT HE WAS THE OPERATOR OF [REDACTED] A 1995 HYUNDAI, AND THAT PRIOR TO THIS ACCIDENT HE WAS TRAVELING NORTH ON [REDACTED] [REDACTED] WHEN HE CAME TO A STOP FOR A BLINKING RED LIGHT AT THE INTERSECTION WITH | | | | |
| 10. | | | | | |
| Reporting/Arresting Officer | | | Reporting/Arresting Officer | | |
| 11. Supervisor Approving: | | Transcribed by: | | Date | |

POLICE DEPARTMENT

MULTIPURPOSE SUPPLEMENTAL REPORT FORM 83-1A

| | | | | | |
|---|--|-----------------------------------|-----------------------------|----------------|-----------------------------|
| 1. () Narrative Continued () Supplemental Report | | 2. Arrest Citation, or Summons No | | 3. Control No. | |
| 4. () Complainant () Driver #1 () Victim () Arrestee | | | 5. Date this report | | 6. Date original occurrence |
| 7. Offense, charge or incident on original report | | | | | |
| 8. Correct offense or incident classification Changed () Yes | | | | | |
| 9. Instructions for usage: Under narrative, record your activity and all developments in the case subsequent to the last report. Describe and record value of any property recovered and names and arrest numbers of any persons arrested. Explain any offense classification change. Clearly show disposition of recovered property. Recommend to supervisor and reviewer the case status. Indicate at left "Item Number Continued", if any. | | | | | |
| Item No | | | | | |
| | | | | | |
| | [REDACTED] STREET. THAT AS HE PROCEEDED THRU THIS INTERSECTION HE WAS STRUCK ON THE PASSENGER SIDE OF HIS VEHICLE BY A VEHICLE BEING DRIVEN BY WITNESS #1. | | | | |
| | WITNESS #8, [REDACTED] CAN TESTIFY THAT ON [REDACTED] 96 AT APPROXIMATELY 0005 HRS. HE RESPONDED TO THE [REDACTED] AND MET WITH THE DEF., WHO HAD RESPONDED TO HIS LOCATION WITH HIS INJURED SON, [REDACTED] THAT HE ADVISED THE DEF. OF HIS MIRANDA RIGHTS WHICH E STATED HE UNDERSTOOD AND WAIVED. THAT THE DEF. THEN AGREED TO A CONSENT SEARCH TO GIVE A BLOOD SAMPLE. THAT THE DEF. TOLD HIM THAT HE HAD STOPPED FOR THE BLINKING RED LIGHT AT THE INTERSECTION OF [REDACTED] AND [REDACTED] THAT THE DEF. ADVISED THAT HE WAS UNSURE IF HIS SON WAS SEAT BELTED AT THE TIME OF THIS ACCIDENT. | | | | |
| | WITNESS #9, DETECTIVE PETER THERIAULT, CAN TESTIFY THAT ON [REDACTED] 96 HE RESPONDED TO [REDACTED] OFFICE FOR THE PURPOSE OF AN AUTOPSY ON [REDACTED] (AGE: 5), THE SON OF THE DEF. THAT AT THE CONCLUSION OF THE AUTOPSY THE CAUSE OF DEATH WAS DETERMINED TO BE A SEVERED SPINE AT THE BASE OF THE HEAD. | | | | |
| | WITNESS #10, [REDACTED] CAN TESTIFY THAT HE IS AN EXPERT ACCIDENT RECONSTRUCTIONIST. THAT ON [REDACTED] 96 AT APPROXIMATELY 0010 HRS. HE RESPONDED TO THE SCENE OF THIS ACCIDENT. THAT HE CONCLUDED THAT WITNESS #1 WAS TRAVELING AT A SPEED LESS THAN THIRTY MILES PER HOUR PRIOR TO IMPACT. THAT THE DEF. WAS TRAVELING AT A SPEED GREATER THAN TWENTY MJIES PER HOUR PRIOR TO IMPACT AND THAT THIS SPEED WAS IMPOSSIBLE TO ATTAIN IF THE DEF. HAD STOPPED FOR THE BLINKING RED LIGHT AT THE INTERSECTION OF [REDACTED] AND [REDACTED] STREET. THAT THE SEAT BELT IN THE FRONT PASSENGER SEAT, WHERE [REDACTED] HAD BEEN SEATED AT THE TIME OF THIS ACCIDENT HAD BLOOD PRESENT IN THE BASE LOCKING MECHANISM ATTACHED TO THE SEAT, BUT NO BLOOD WAS PRESENT ON THE SHOULDER BELT STRAP OR THE METAL LOCK ATTACHED TO SAME; EVIDENCE THAT THE BELT WAS NOT IN OPERATION AT THE TIME OF THIS ACCIDENT. | | | | |
| | WITNESS #11, DETECTIVE [REDACTED] CAN TESTIFY THAT ON [REDACTED] 96 HE RESPONDED TO THE [REDACTED] AND MET WITH THE DEF. AT APPROXIMATELY | | | | |
| 10. | | | | | |
| Reporting/Arresting Officer | | | Reporting/Arresting Officer | | |
| 11. Supervisor Approving: | | Transcribed by: | | Date | |

MULTIPURPOSE SUPPLEMENTAL REPORT FORM 83-1A

[illegible]

NPD Form #90-21

Check One:

- ☒ Evidence
☐ Found Property
☐ Safekeeping

**[REDACTED] POLICE DEPARTMENT
PROPERTY REPORT FORM**

Property Information Section

Control # [REDACTED]

Date: [REDACTED] 96

Under "Property Owner," use the following codes:

Victim/Compl. = V Defendant = D
Nashua Police = Z Other/Unk = X

Adult Defendant(s): _____

Juvenile Defendant(s): _____

Defendant's Address: _____

Victim/Complainant: [REDACTED] ([REDACTED] 90)

Victim's/Complainant's Address: [REDACTED] ST, [REDACTED], NH Phone: None

Offense/Charge: FATAL AUTO ACCIDENT

| ITEM # | DESCRIPTION OF PROPERTY | SERIAL # | BAR CODE LABEL | PROPERTY OWNER |
|--------|--|----------|----------------|----------------|
| ML-1 | Video Tape Sony Hi 8 Control [REDACTED] FATAL AUTO ACCIDENT [REDACTED] | | | Z |
| / | | | | / |
| | | | | |
| | | | | |
| | Officer [REDACTED] | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(EVIDENCE PERSONNEL USE ONLY)

Computer Entry? () Yes

Entered by: _____

Control # [REDACTED]

NPD Form #90-22

**[REDACTED] POLICE DEPARTMENT
PROPERTY REPORT SUPPLEMENTAL FORM**

Control #: **[REDACTED]**

| ITEM # | DESCRIPTION OF PROPERTY | SERIAL # | BAR CODE LABEL | PROPERTY OWNER |
|--------|--|----------|----------------|----------------|
| MAH-1 | ONE AUDIO TAPED STATEMENT FROM [REDACTED] | | | Z |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | [REDACTED] | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Control #: [REDACTED]

(x) Evidence

Property Information Section

Date: / 96

() Found Property

() Safekeeping

Under "Property Owner," use the following codes:

Victim/Compl. = V

Defendant = D

Nashua Police = Z

Other/Unk = X

Adult Defendant(s): [REDACTED]

Juvenile Defendant(s): N/A

Defendant's Address: [REDACTED] NH

Victim/Complainant: [REDACTED]

Victim's/Complainant's Address: Same

Phone: None

Offense/Charge: Negligent Homicide

[illegible]

(EVIDENCE PERSONNEL USE ONLY)

Computer Entry? () Yes

Entered by: _____

~~██████████~~ POLICE DEPARTMENT

CONSENT SEARCH

I, ██, having been informed of my constitutional right not to have a search made of my (premises) (automobile) (person) without a Search Warrant and of my right to refuse to consent to such a search, do hereby authorize the below listed individuals, who have identified themselves to me as law enforcement officers, to conduct a complete search of my (premises) (automobile) (person) situated at ██.

They are also authorized to remove any letters, papers, materials or other property which they may desire. I understand that anything discovered may be used against me in a criminal proceeding.

This consent to search has been given by me voluntarily and without threats or promises of any kind.

██ ██
(Officer's Name) (Signature of Individual)

██ Date: ██████████ 66
(Officer's Name) Time: 0145



STATE OF NEW HAMPSHIRE

[REDACTED]
[REDACTED]
[REDACTED] NH [REDACTED]

BLOOD SAMPLE COLLECTION FORM

I, [REDACTED] [REDACTED]
Print Name Title

employed by [REDACTED], have withdrawn a

blood sample from [REDACTED], on [REDACTED] 96
Subject's Name (Date)

at 0140, for the purpose of analysis as authorized under RSA 265:85, I,
Time (24 hour clock)

and in accordance with Administrative Rule He-P 2202.03.

The area from which the blood was taken was cleansed with a non-alcoholic antiseptic

Betadine
Type of cleanser

SIGNATURES:

[REDACTED]
Person Withdrawing Sample

[REDACTED]
Witness

WHITE COPY TO BE RETAINED BY REQUESTING AGENCY

YELLOW COPY TO BE RETAINED BY THE PERSON WITHDRAWING THE SAMPLE



STATE OF NEW HAMPSHIRE

BLOOD SAMPLE COLLECTION FORM

I, _____, _____
Print Name Title

employed by _____, have withdrawn a

blood sample from _____, on _____ 96
Subject's Name (Date)

at 0247, for the purpose of analysis as authorized under RSA 265:85, I,
Time (24 hour clock)

and in accordance with Administrative Rule He-P 2202.03.

The area from which the blood was taken was cleansed with a non-alcoholic antiseptic

Betadine
Type of cleanser

SIGNATURES:

Person Withdrawing Sample

Witness

WHITE COPY TO BE RETAINED BY REQUESTING AGENCY

YELLOW COPY TO BE RETAINED BY THE PERSON WITHDRAWING THE SAMPLE



STATE OF NEW HAMPSHIRE

[REDACTED], NH

NAME: [REDACTED] # [REDACTED]
DATE: [REDACTED] 96 0005
NAME: [REDACTED] DOB: [REDACTED] 71
MAILING ADDRESS: [REDACTED] City State Zip
DRIVER LICENSE No.: [REDACTED] STATE: NH

FELONY
ADMINISTRATIVE LICENSE SUSPENSION & IMPLIED CONSENT RIGHTS

1. Probable cause exists to believe that you were driving a motor vehicle while under the influence of alcohol or a controlled drug.
2. You are now being asked to submit to a test or tests at the discretion of a law enforcement officer in order to determine the alcohol and/or drug concentration in your system. You may be asked to perform a breath, blood, urine or physical test, or any combination of these.
3. You have the right to a similar test or tests of blood, breath or urine taken by a person of your own choosing at your expense. Upon your request, you will be given the opportunity for such an additional test(s). You also have the right to obtain a sample of your breath, blood or urine for testing at your own expense.
4. If the test taken at the direction of the law enforcement officer shows an alcohol concentration of 0.08 or more (or if you are under age 21, of 0.04 or more), your driver's license or privilege to drive will be suspended.
5. I have been informed of these rights.

[REDACTED]

Defendant

[REDACTED]

Officer/Witness

Note: In felony situations, when mailing a copy of the Notice of Administrative License Suspension to the Division of Motor Vehicles, submit a copy of this form to indicate that the defendant was informed of his Administrative License Suspension and Implied Consent Rights.

CONSENT TO RELEASE MEDICAL RECORDS

NAME: [REDACTED] Last [REDACTED] First [REDACTED] D.O.B. [REDACTED] 1973

ADDRESS: [REDACTED] NH

1. I hereby authorize and consent to the release of the medical records obtained in the course of my treatment at [REDACTED] for the time period of: [REDACTED] 96 - [REDACTED] 96 and furnish same to: DET. [REDACTED] - [REDACTED] P.D. for the purpose of: MOOR VEHICLE ACCIDENT

2. The specific information to be disclosed is:

☒ Discharge Summary
☒ Face Sheet
☒ History & Physical
☒ Nurses Notes
☐ Other, specify: _____

☒ Surgical Report
☒ X-Ray Report
☒ Lab Reports
☐ Physical Therapy Notes

3. If my initials appear here _____, I specifically authorize release of drug, alcohol abuse and/or psychiatric records.
4. If my initials appear here _____, I specifically authorize release of my HIV test results for the purpose set forth above. My signature below indicates I have read this consent form, have asked all the questions I have about the reason for the release of my identity as a test subject, the results of my HIV test and I agree to the release of this information to the above named party.
5. If my initials appear here _____, I specifically authorize release of my records that contain information about my diagnosis of or treatment for AIDS or ARC, or contain some other reference to my identity as an AIDS or ARC patient for the purpose set forth above.
6. I have carefully read and understand the above statements, and do herein expressly and voluntarily consent to disclosure of the above information about, or medical records of, my condition to those persons of agencies named above. I hereby release [REDACTED] from all legal responsibility or liability that may arise from the release of these medical records.
7. I understand this consent is subject to revocation at any time except to the extent action has been taken in reliance thereon. This authorization will expire 180 days from the date shown below.

[REDACTED] 96
Date

[REDACTED]
Witness


[REDACTED]
Signature of patient, responsible person, or parent, if minor

CONSENT TO RELEASE MEDICAL RECORDS


NAME: [REDACTED] [REDACTED] D.O.B. [REDACTED] 1971
Last First

ADDRESS: [REDACTED] NH

- I hereby authorize and consent to the release of the medical records obtained in the course of my treatment at [REDACTED]
- for the time period of: [REDACTED] 96 - [REDACTED] 96
- and furnish same to: DET. [REDACTED] P.D.
- for the purpose of: MOTOR VEHICLE ACCIDENT
- The specific information to be disclosed is:
- | | |
|--|---|
| <input checked="" type="checkbox"/> Discharge Summary | <input checked="" type="checkbox"/> Surgical Report |
| <input checked="" type="checkbox"/> Face Sheet | <input checked="" type="checkbox"/> X-Ray Report |
| <input checked="" type="checkbox"/> History & Physical | <input checked="" type="checkbox"/> Lab Reports |
| <input checked="" type="checkbox"/> Nurses Notes | <input type="checkbox"/> Physical Therapy Notes |
| <input type="checkbox"/> Other, specify: _____ | |
- If my initials appear here _____, I specifically authorize release of drug, alcohol abuse and/or psychiatric records.
- If my initials appear here _____, I specifically authorize release of my HIV test results for the purpose set forth above. My signature below indicates I have read this consent form, have asked all the questions I have about the reason for the release of my identity as a test subject, the results of my HIV test and I agree to the release of this information to the above named party.
- If my initials appear here _____, I specifically authorize release of my records that contain information about my diagnosis of or treatment for AIDS or ARC, or contain some other reference to my identity as an AIDS or ARC patient for the purpose set forth above.
- I have carefully read and understand the above statements, and do herein expressly and voluntarily consent to disclosure of the above information about, or medical records of, my condition to those persons of agencies named above. I hereby release [REDACTED] from all legal responsibility or liability that may arise from the release of these medical records.
- I understand this consent is subject to revocation at any time except to the extent action has been taken in reliance thereon. This authorization will expire 180 days from the date shown below.

 - 76

Date 6/1


Signature of patient, responsible person, or parent, if minor

Date _____

Witness _____

CONSENT TO RELEASE MEDICAL RECORDS

NAME: [REDACTED] [REDACTED] D.O.B. [REDACTED] 1990
Last First

ADDRESS: [REDACTED] [REDACTED] NY

1. I hereby authorize and consent to the release of the medical records obtained in the course of my treatment at [REDACTED]
for the time period of: [REDACTED] 96 - [REDACTED] 96
and furnish same to: Det. [REDACTED] - [REDACTED] P.D.
for the purpose of: More DETAIL ACCOUNT

2. The specific information to be disclosed is:

☒ Discharge Summary
☒ Face Sheet
☒ History & Physical
☒ Nurses Notes
☐ Other, specify: _____


☒ Surgical Report
☒ X-Ray Report
☒ Lab Reports
☐ Physical Therapy Notes

3. If my initials appear here _____, I specifically authorize release of drug, alcohol abuse and/or psychiatric records.
4. If my initials appear here _____, I specifically authorize release of my HIV test results for the purpose set forth above. My signature below indicates I have read this consent form, have asked all the questions I have about the reason for the release of my identity as a test subject, the results of my HIV test and I agree to the release of this information to the above named party.
5. If my initials appear here _____, I specifically authorize release of my records that contain information about my diagnosis of or treatment for AIDS or ARC, or contain some other reference to my identity as an AIDS or ARC patient for the purpose set forth above.
6. I have carefully read and understand the above statements, and do herein expressly and voluntarily consent to disclosure of the above information about, or medical records of, my condition to those persons of agencies named above. I hereby release [REDACTED] from all legal responsibility or liability that may arise from the release of these medical records.
7. I understand this consent is subject to revocation at any time except to the extent action has been taken in reliance thereon. This authorization will expire 180 days from the date shown below.

[REDACTED] 96
Date

[REDACTED]
Signature of patient, responsible person, or parent, if minor

[REDACTED]
Witness

| | | | | | | | |
|-----------------------------------|---------------------------|---|---------------------|--|--|---|--------------------------------------|
| LOCAL USE [REDACTED] | | STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION | | |  | M.V. USE ONLY | |
| Please Print or Type | | | | | | Amended Report <input type="checkbox"/> | Hit and Run <input type="checkbox"/> |
| DATE OF ACCIDENT [REDACTED] 96 | DAY OF WEEK [REDACTED] | TIME (Military) } | OF ACCIDENT 2327 | CITY/TOWN [REDACTED], New Hampshire | | | |

Fatal Automobile Accident
[REDACTED] @ [REDACTED]

On [REDACTED] 1996 Sgt [REDACTED] advised me to respond to the scene of a serious automobile accident on [REDACTED] at [REDACTED]. Sgt [REDACTED] advised me that I would be needed to photograph the scene. I arrived and was appraised of the situation by Sgt. [REDACTED] and Officer [REDACTED]. Utilizing my department issue Nikkormat 35mm Camera and AGFA 400 Speed color film I began photographing the scene. Captain [REDACTED] arrived shortly thereafter and pointed out several specific items that he wanted me to photograph. I photographed the entire scene to include all pertinent evidence.

After photographing the scene I met with Detective [REDACTED] who had responded to the scene with the Department's Evidence [REDACTED] and I set up the Sony 8mm video camera and I video taped the entire scene using the sony 8mm video camera.

At 0424 hours I was directed by Sgt [REDACTED] to escort the two tow trucks carrying the vehicles involved in the accident to [REDACTED] Police Department Headquarters. Both vehicles were escorted to [REDACTED] and secured in the rear parking lot. I signed the Tow receipts and turned the tow receipts and vehicle keys over to Captain [REDACTED].

The film and video were secured as evidence by this officer. Cite photo data sheets to follow for a breakdown of the 35mm photographs.

[REDACTED]
[REDACTED]
Photograph and Video Specialist
[REDACTED] Police Department

LOCAL USE

Sheet of Sheet(s)

STATE OF NEW HAMPSHIRE
TRAFFIC ACCIDENT REPORT
SUPPLEMENTAL INFORMATION

M.V. USE ONLY

No.

Date Rec'd

Please Print or Type

Amended
Report ☐Hit and Run ☐

DATE OF ACCIDENT

DAY OF WEEK

TIME

OF ACCIDENT

CITY/TOWN

.1996

(Military)

2327hrs.

, N.H.

On .1996 at 0130hrs. this detective responded to St. at reference to a Motor Vehicle Fatality. Upon arrival at the scene with , I assisted with the security, photography, and processing of the scene. Other than a video of the scene, taken by Off. , no other evidence was collected.

Cleared the scene at 0600hrs.

Det.



STATE OF NEW HAMPSHIRE

TDD Access: Relay NH
Agency Phone:

1996

Police Department

NH

Re:

Dear Chief:

The sample of what appears to be whole blood, and seal #
said to belong to, was received in this laboratory on
1996 from and analyzed for alcohol content. Results appear below.

| <u>Test</u> | <u>Results</u> | <u>Minimum limit of detection</u> |
|-------------|----------------|-----------------------------------|
| Ethanol | 0.00 g/100 ml | 0 g/100 ml |

Comment: The type of specimen submitted was not identified on the transmittal slip in accordance with He-P2202.06 (a)(4).

Pursuant to RSA 265:86, 270:53 or 215-A:11-e the remaining sample is being held for thirty (30) days. Any unclaimed sample(s) will be destroyed.

Sincerely,

, Ph.D.
Toxicologist
Public Health Laboratories

Commissioner

Director

NEW HAMPSHIRE

LABORATORIES

TRANSMITTAL SLIP

N.H.

SEAL # _____

SPECIMEN FOR LABORATORY ANALYSIS

SAMPLE

TAKEN FROM: SEX: FEMALE ☐MALE ☒BIRTHDATE, MONTH _____ DAY _____ YEAR 71

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET _____ COUNTY _____ CITY _____ STATE NH

PRECIPITATING CRITICAL EVENT:

LOCALE: COUNTY _____ CITY _____

DATE: Mo. _____ Day _____ Year 96 TIME: (24 hr. Clock) 2327SPECIMEN: BLOOD ☐ URINE ☐ OTHER ☐DRAWN BY: _____ SIGNATURE _____ TIME 0140
24 HR. CLOCKAT _____ FACILITY _____ DATE: MO. _____ DAY _____ YR 96

SEALED BY: _____ NAME (PRINT) _____ SIGNATURE _____

FURTHER INFO: _____

REQUESTING AUTHORITY:

AGENCY Police DepartmentADDRESS 1011

POLICE: _____ MEDICAL: _____ OTHER: _____

STATE 1 _____ MEDICAL EXAMINER 4 _____

SHERIFF 2 _____ OTHER M.D. 5 _____

CITY/TOWN 3 X HOSP/CLINIC 6 _____
(CHECK ONE)SPECIMEN FROM
SUBJECT WHO IS
(CHECK ONE)LIVING ☒ DEAD ☐

DUE TO: (CHECK ONE)

ACCIDENT ☒ 0
ARREST ☐ 1
UNTIMELY DEATH ☐ 2
OTHER ☐ 3


SUBJECT WAS: (CHECK ONE) INVOLVING: (CHECK ONE)

DRIVER ☒ 0 MOTOR VEHICLE ☒ 0
PASSENGER ☐ 1 OHV ☐ 1
PEDESTRIAN ☐ 2 BOAT ☐ 2
OTHER ☐ 3 OTHER ☐ 3TEST REQUESTED ALCOHOL ☒ CARBON MONOXIDE ☐DRUGS ☐ SPECIFY _____ OTHER ☐ SPECIFY _____

DO NOT WRITE IN THIS SPACE

SEAL NO. _____ SEAL INTACT: YES ☒ NO _____DELIVERED TO LAB BY: (NAME) Lt. [redacted]DATE: MO. _____ DAY _____ YR 96 TIME (24 HR. CLK.) 1430

RECEIVED BY: _____ LAB # _____

| | | | | | |
|--|--|--|-------------------|--|--|
| LOCAL USE Please Print or Type | STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION | | |  | M.V. USE ONLY Amended Report <input type="checkbox"/> Hit and Run <input type="checkbox"/> |
| DATE OF ACCIDENT 96 | DAY OF WEEK | TIME (Military) } OF ACCIDENT 2328 | CITY / TOWN NH | | |

On 01/01/96 at 1303 hours, I completed a typed statement at [redacted] with [redacted] reported to witness the accident that had taken place [redacted] that resulted in a fatality.

After completing the statement and sending [redacted] home, I contacted via telephone at 1530 hours, he said that he was coming from [redacted], driving east on [redacted]. He said that he looked to his right and observed the gold colored car by the bend of [redacted] driving very fast, I realized that if I didn't come to a stop before the intersection he would have run the red light and hit me.

Det. [redacted]

NASHUA POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

CASE #

DATE

96

TIME

1203Hours

PLACE

I, _____, GIVE THE FOLLOWING VOLUNTARY STATEMENT

_____ WHO HAS IDENTIFIED HIMSELF/HERSELF AS A MEMBER OF THE

_____ POLICE DEPARTMENT. HE/SHE HAS ADVISED ME AND I UNDERSTAND THE FOLLOWING

1. I have the right to remain silent and not give this statement or incriminate myself in any way.
2. Anything I say in this statement can and will be used against me in a court of law.
3. Even if I cannot afford a lawyer, I have the right to have one paid for by the court and to talk to a lawyer for advice before giving this statement and to have him/her with me during this statement.
4. If I decide to give this statement now without a lawyer present, I still have the right to stop giving this statement at any time.
5. No threats or promises have been made either to or against me to obtain this statement.
6. I knowingly and purposely waive my right to the advice and presence of a lawyer before and during this statement.
7. I give this statement voluntarily of my own free will and accord.

SIGNED

DATE/TIME

WITNESS

My name is _____, my date of birth is _____/76, I live at _____

_____ New Hampshire, My phone number is _____

On _____ 96 at 11:20pm, I left work at _____ in _____ NH. I was driving down _____ Street towards _____ Street, heading towards my girlfriend's house. My girlfriend's name is _____, living at _____ New Hampshire.

I saw a gold colored car, 4 door family car, driving north on _____ at a good rate of speed. After I saw him coming I stopped, I had a feeling that he wasn't going to stop for his red light, He went through the red light at the intersection of _____ At _____, He ran into the front end of a Grand Am color red, traveling west on _____ After he hit the Grand Am, he bounced off _____

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS

SIGNED

DATE/TIME

POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE _____

~~the Grand Am and he slid into the pole.~~

After seeing this I drove to my girlfriend's house and called police to report the accident.

The Driver of the gold colored car was a male because I saw him after the accident.

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS, AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT BE STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS

SIGNED

96 1:34 P.M.
DATE/TIME

VICTIM/WITNESS:




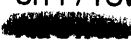
To assist the [REDACTED] Police Department locating you in the event you change addresses, move from the [REDACTED] area, or if for any reason you are not available at the time of trial, it is requested you supply three references below. Please give the names of three individuals who would be readily aware of your current whereabouts. The names listed below would only be contacted in the event the [REDACTED] Police Department could not locate you to serve a subpoena for appearance in court.

1. Name: [REDACTED] DOB: [REDACTED] 69
Address: [REDACTED]
Place of Employment: [REDACTED]
Telephone: (Home) [REDACTED] (Work) [REDACTED]




2. Name: [REDACTED] DOB: [REDACTED] 175
Address: [REDACTED]
Place of Employment: [REDACTED]
Telephone: (Home) [REDACTED] (Work) [REDACTED]


3. Name: [REDACTED] DOB: [REDACTED]
Address: [REDACTED]
Place of Employment: [REDACTED]
Telephone: (Home) [REDACTED] (Work) [REDACTED]


(Form #94-3)

| | | | | |
|---|--|---|---|----------------------|
| LOCAL USE  | STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION | | | M.V. USE ONLY |
| Please Print or Type | | | | |
| DATE OF ACCIDENT  1996 | DAY OF WEEK  | TIME } OF ACCIDENT (Military) } 2327 | CITY / TOWN  | |



On  1996 at 1300 hours I met with  in the CID reception area. I escorted her to an interview room and took a statement from her. She told me that just before the accident occurred, she looked at her watch. The time was 11:19 p.m.. Cite  statement for further details





**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

CASE # _____

DATE _____ 1996

TIME 1:20 p.m.

PLACE _____ Interview

I, _____, GIVE THE FOLLOWING VOLUNTARY STATEMENT
_____ WHO HAS IDENTIFIED HIMSELF/HERSELF AS A MEMBER OF T
_____ POLICE DEPARTMENT. HE/SHE HAS ADVISED ME AND I UNDERSTAND THE FOLLOWING:

1. I have the right to remain silent and not give this statement or incriminate myself in any way.
2. Anything I say in this statement can and will be used against me in a court of law.
3. Even if I cannot afford a lawyer, I have the right to have one paid for by the court and to talk to a lawyer for advice before giving this statement and to have him/her with me during this statement.
4. If I decide to give this statement now without a lawyer present, I still have the right to stop giving this statement at any time.
5. No threats or promises have been made either to or against me to obtain this statement.
6. I knowingly and purposely waive my right to the advice and presence of a lawyer before and during this statement.
7. I give this statement voluntarily of my own free will and accord.

SIGNED _____

DATE/TIME _____

WITNESS _____

My name is _____ I reside at _____ in _____, I have lived there for 10 months. I am 20 years old, I work at _____ on _____ Highway in _____

On _____, I was with my friend _____ we were in _____ car. I was in the passenger front seat, _____ was driving, no one else was with us. We were on _____ heading toward _____. As we came to the intersection of _____ we were about two car lengths behind the car in front of us. As we were just about to enter the intersection, we were about one car length behind the car in front of us. The car in front of us was just going into the intersection. At that same time I first noticed the car coming down _____ to our left. This car was traveling toward _____. I first noticed this car as he was coming to the

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS _____

SIGNED _____

DATE/TIME _____ 6/15

POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE 2

stop line painted in the street. I saw him continue into the intersection without stopping without slowing, or stopping. He was in the middle lane on [REDACTED] as he came into the intersection. I saw the car in front of [REDACTED] and I slow down, I know this because I saw the brake lights come on. The car from the left kept coming, it did not slow or speed up, the speed stayed the same. The car that came from [REDACTED] hit the car in front of [REDACTED] and I in the left front area. The car in front of us moved to the right because of the collision and stopped. The car that came from [REDACTED] bounced off the car that was in front of us and moved down [REDACTED] It ran into a pole on the other side of the intersection.

After the accident [REDACTED] pulled into [REDACTED] and we got out. I could hear the mother of the boy yelling his name. I don't remember what his name was. I looked and saw the boy's head between the two front seats. I ran down to [REDACTED] and called 911. The boy was in the car that had come out of [REDACTED]. When I got back from calling 911, everyone was inside the car, I couldn't see the boy, they were giving him mouth to mouth.

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS. AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT BE STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS

SIGNED

DATE/TIME

VICTIM/WITNESS:

To assist the [REDACTED] Police Department locating you in the event you change addresses, move from the [REDACTED] area, or if for any reason you are not available at the time of trial, it is requested you supply three references below. Please give the names of three individuals who would be readily aware of your current whereabouts. The names listed below would only be contacted in the event the [REDACTED] Police Department could not locate you to serve a subpoena for appearance in court.

1. Name: _____ (mother) _____ DOB: _____
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) _____

2. Name: _____ DOB: _____
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) _____

3. Name: _____ DOB: _____
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) _____

POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

CASE #

DATE 1996

TIME 1:05pm

PLACE

I, /73, GIVE THE FOLLOWING VOLUNTARY STATEMENT

WHO HAS IDENTIFIED HIMSELF/HERSELF AS A MEMBER OF THE

POLICE DEPARTMENT. HE/SHE HAS ADVISED ME AND I UNDERSTAND THE FOLLOWING:

1. I have the right to remain silent and not give this statement or incriminate myself in any way.
2. Anything I say in this statement can and will be used against me in a court of law.
3. Even if I cannot afford a lawyer, I have the right to have one paid for by the court and to talk to a lawyer for advice before giving this statement and to have him/her with me during this statement.
4. If I decide to give this statement now without a lawyer present, I still have the right to stop giving this statement at any time.
5. No threats or promises have been made either to or against me to obtain this statement.
6. I knowingly and purposely waive my right to the advice and presence of a lawyer before and during this statement.
7. I give this statement voluntarily of my own free will and accord.

SIGNED

DATE/TIME

WITNESS

My name is, I am 23 years old and I live at Street

in. I work at in south

On the at 11:20pm, I was driving my car on

I had just pulled out of of Pizza and was traveling

behind another car which was red in color and was about 5 car lengths ahead

of me. I would say that we were both traveling about the speed limit. As

I was approaching the intersection of I noticed out of the corner

of my eye a vehicle traveling on approaching the intersection

of. The car was right around when I first

saw it. It looked like the car was going pretty fast, maybe 40-50mph. I

could tell that by how fast he was coming and how close he was to the intersection

that he was not going to be able to stop. As we got closer the car in front

of me, the driver must have seen the car on because he hit his

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS

SIGNED

DATE/TIME

POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE _____

brakes and tried stop. The car on [REDACTED] did not slow or stop and entered the intersection and the front of that car struck the left front part of the car in front of me. I don't think he ever saw the car he hit because he never slowed. The car coming off [REDACTED] bounced off the the car it hit and went into a light pole on the corner of the other side of the intersection. The car that got hit stopped and then he pulled into [REDACTED]. With me in the car was my roommate [REDACTED]. We stopped by the muffler repair store and we walked towards the scene. [REDACTED] said that there was a boy who wasn't breathing and the 2 of us went the the payphone by the muffler place and called 911. I never really noticed the occupants of the vehicle except to say that there was a woman and a man and little girl in the car the came from [REDACTED]. I never saw the little boy until the paramedics pulled him out of the car.

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT BE STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

[REDACTED]
WITNESS

[REDACTED]
SIGNED

[REDACTED] 4/6 1:2
DATE/TIME


VICTIM/WITNESS:

To assist the [REDACTED] Police Department locating you in the event you change addresses, move from the [REDACTED] area, or if for any reason you are not available at the time of trial, it is requested you supply three references below. Please give the names of three individuals who would be readily aware of your current whereabouts. The names listed below would only be contacted in the event the [REDACTED] Police Department could not locate you to serve a subpoena for appearance in court.

1. Name: [REDACTED] DOB: _____
Address: [REDACTED]
Place of Employment: _____
Telephone: (Home) UNK (Work) _____

2. Name: [REDACTED] DOB: _____
Address: [REDACTED] WH
Place of Employment: _____
Telephone: (Home) UNK (Work) _____

3. Name: _____ DOB: _____
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) _____

| | | | | | | | |
|---|-------------|---|-------------|--|--|---|--------------------------------------|
| LOCAL USE | | STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION | |  | | M.V. USE ONLY | |
| Please Print or Type | | | | | | Amended Report <input type="checkbox"/> | Hit and Run <input type="checkbox"/> |
| DATE OF ACCIDENT | DAY OF WEEK | TIME | OF ACCIDENT | CITY / TOWN | | | |
| 96 | | (Military) 2327 | | | | | |
| ON 96 AT APPROXIMATELY 1624 HRS. OF DUNSTABLE | | | | | | | |
| RO., HOME PHONE: RESPONDED TO THE POLICE DEPARTMENT TO GIVE A | | | | | | | |
| TYPED WRITTEN STATEMENT TO HIS OBSERVATIONS DURING THIS INCIDENT. HAD | | | | | | | |
| COME UPON THE ACCIDENT SCENE MOMENTS AFTER IT HAD OCCURRED AND OVERHEARD STATEMENTS | | | | | | | |
| MADE BY CITE ATTACHED STATEMENT FOR DETAILS. | | | | | | | |
| DET. | | | | | | | |

**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

CASE # [REDACTED]

DATE [REDACTED] 96

TIME 1624 HRS

PLACE [REDACTED]

I, [REDACTED], GIVE THE FOLLOWING VOLUNTARY STATEMENT

[REDACTED] WHO HAS IDENTIFIED HIMSELF/HERSELF AS A MEMBER OF THE
[REDACTED] NEW HAMPSHIRE
[REDACTED] POLICE DEPARTMENT. HE/SHE HAS ADVISED ME AND I UNDERSTAND THE FOLLOWING

1. I have the right to remain silent and not give this statement or incriminate myself in any way.
2. Anything I say in this statement can and will be used against me in a court of law.
3. Even if I cannot afford a lawyer, I have the right to have one paid for by the court and to talk to a lawyer for advice before giving this statement and to have him/her with me during this statement.
4. If I decide to give this statement now without a lawyer present, I still have the right to stop giving this statement at any time.
5. No threats or promises have been made either to or against me to obtain this statement.
6. I knowingly and purposely waive my right to the advice and presence of a lawyer before and during this statement.
7. I give this statement voluntarily of my own free will and accord.

SIGNED

DATE/TIME

WITNESS

MY NAME IS [REDACTED] AND I AM THIRTY YEARS OLD; I AM LIVING AT [REDACTED]
[REDACTED] WITH MY PARENTS. I HAVE BEEN LIVING AT THIS ADDRESS ON AND OFF FOR TWENTY
FIVE YEARS.

ON THE NIGHT OF [REDACTED] 96 I WAS PULLING OUT OF THE G [REDACTED] DRIVE THRU
SECTION, IT WAS ABOUT 11:30 P.M. I LOOKED TO MY RIGHT BEFORE MAKING A TURN ONTO [REDACTED]
[REDACTED], AND THAT IS WHEN I SAW THE HYUNDAI SMASHED INTO THE LIGHT POLE; THE ACCIDENT HAD
ALREADY HAPPENED. I DROVE UP TO THE CAR, THE HYUNDAI, WHERE THERE WAS A CRYING BABY AND
DISCOVERED THE INJURED CHILD, THE FIVE YEAR OLD THAT WAS IN THE FRONT SEAT, THE CHILD WAS A
BOY. A SCREAMING WOMAN BEGGED US TO CALL 911, THERE WAS ALREADY SOME OTHER GUY THERE, HE
WAS IN THE FRONT SEAT OF THE CAR, HE WAS NOT INVOLVED IN THE ACCIDENT, WHICH I FOUND OUT
LATER. I WENT TO CVS AND FLAGGED A TAXI WHICH WAS IN THE PARKING LOT TO CALL 911.

I WENT BACK TO THE ACCIDENT AND PARKED MY CAR AND GOT OUT. AT THIS POINT I SAW THE

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS

SIGNED

DATE/TIME

440

**POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

PAGE 2 OF 2

~~GUY I ALREADY MENTIONED PERFORMING VENTILATIONS ON THE FIVE YEAR OLD BOY; HIS FATHER HAD~~
~~TOLD ME HE WAS FIVE. THE GENTLEMAN PERFORMING THE VENTILATIONS TOLD ME THE BOY HAD A~~
~~PULSE, BUT HE WAS NOT BREATHING. MOMENTS LATER RESCUE CREWS ARRIVED AND THINGS GOT~~
~~CHAOTIC, I WITNESSED A [REDACTED] ASK [REDACTED] THE FATHER, IF THE CHILD WAS WEARING A SAFETY~~
~~BELT, AND [REDACTED] NERVOUSLY ANSWERED "NO". THAT IS ABOUT ALL I KNOW ABOUT THIS ACCIDENT.~~

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT BE STOPPED NOR DID I AT ANY TIME REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS

SIGNED

DATE/TIME

4:46 PM

VICTIM/WITNESS:

Telephone: (Home) [REDACTED] (Work) [REDACTED]

Telephone: (Home) [REDACTED] (Work) [REDACTED]

**██████████ POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM**

CASE # _____

DATE ██████████-96

TIME 11:32pm.

PLACE ██████████

I, ██████████, date of birth ██████████-57, GIVE THE FOLLOWING VOLUNTARY STATEMENT

Detective ██████████ WHO HAS IDENTIFIED HIMSELF/HERSELF AS A MEMBER OF THE

██████████ POLICE DEPARTMENT. HE/SHE HAS ADVISED ME AND I UNDERSTAND THE FOLLOWING

1. I have the right to remain silent and not give this statement or incriminate myself in any way.
2. Anything I say in this statement can and will be used against me in a court of law.
3. Even if I cannot afford a lawyer, I have the right to have one paid for by the court and to talk to a lawyer for advice before giving this statement and to have him/her with me during this statement.
4. If I decide to give this statement now without a lawyer present, I still have the right to stop giving this statement at any time.
5. No threats or promises have been made either to or against me to obtain this statement.
6. I knowingly and purposely waive my right to the advice and presence of a lawyer before and during this statement.
7. I give this statement voluntarily of my own free will and accord.

SIGNED _____

DATE/TIME _____

WITNESS

My name is ██████████. I am 39 years old. I live at ██████████ in ██████████ NH. I am married to ██████████ and I have three children, ██████████, and ██████████. I am currently employed as a ██████████ at ██████████ in ██████████ NH.

It was a ██████████ 95. It was sometime around 11:20pm. I had just completed a work shift at ██████████. I recalled that the traffic lights were on flash. I was driving a 1992 Ford Aerostar. I had crossed ██████████. I drove north on ██████████ to the intersection of ██████████ St. The traffic light on ██████████ at ██████████ St. was flashing red. I stopped my vehicle in the extreme right lane preparing to ^{TURN RIGHT} right. I looked to my left as another vehicle approached on ██████████. It was a dark colored, small vehicle. This vehicle wasn't stopping for the light. I could see that this vehicle wasn't going to stop as it was still moving at the light. It appeared that the vehicle was going at least greater than 15mph. The vehicle was in the center lane and it passed my vehicle on the left.

As this vehicle crossed the intersection, another vehicle was coming from my right. The
I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

██████████
WITNESS

██████████
SIGNED

96 12/22
DATE/TIME

~~██████████~~ POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE

2

other vehicle was coming west bound on ~~██████████~~. I didn't see the other vehicle coming, because I was watching the first vehicle fail to stop. The first vehicle was somewhere towards the middle of the roadway, when it was struck by the second vehicle. The second vehicle was another small vehicle. The second vehicle struck the first vehicle on the front passenger side. Upon impact, the first vehicle spun around and was directed into a Utility pole. The second vehicle didn't remain in the middle of the roadway, it was moved off to the right side of the roadway.

I turned right, then crossed the road. I parked my vehicle in the parking lot across the street. I didn't pay any real attention to the second vehicle, because it appeared that the three individuals in this vehicle appeared okay. The impact on the first vehicle lead me to believe that there was injury to the occupants.

I approached the first vehicle. There was a hispanic or non caucasian male reaching through the front passenger window. He was cradling a small boy's head between his hands. He told me that he (child) has a pulse, "he still has a pulse". the child was motionless. The child had a visible laceration on the right side of his neck. The child's neck was swollen. I told the boy's father not to move him, because he might have a broken neck. I entered the vehicle from the drivers side. I checked the child's carotid artery for a pulse. He had a pulse, but he wasn't breathing. I started doing CPR ^{Rescue Smell} ~~from~~ breathing on this child. I continued to do rescue breathing until the paramedics arrived. The paramedics took over at the scene.

I did make some further observations. The boy's father had an odor of an intoxicating beverage on his breath. He made some comment about that they were just coming back from the movies. He was saying things like wheres the police, wheres the ambulance. The police and ambulance arrived on the scene in about 5 minutes.

There was also a woman passenger in this vehicle. She was out of the vehicle. She was

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~~██████████~~
WITNESS

~~██████████~~
SIGNED

~~██████████~~ 96. 12:2
DATE/TIME

~~██████████~~ POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

PAGE 3

holding a 1 or 2 year old child in her arms. She was standing near the Utility pole. She was crying. I didn't really pay attention to her. I was more concerned about the injured child.

I offered further assistance to the paramedics. The paramedics informed me that they were all set. I talked with a Police Officer at the scene. He took my name and number. He informed me that an Officer would get back in touch with me. Afterwards, I drove home.

Everything that I have told you, Detective ~~██████████~~, is true and correct to the best of my knowledge. ~~██~~

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIALS. AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LAW ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT BE STOPPED NOR DID I, AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

~~██~~
WITNESS

~~██~~
SIGNED

~~██████████~~ 96 12:20
DATE/TIME

POLICE DEPARTMENT
VICTIM/WITNESS BACKGROUND SHEET

VICTIM/WITNESS:

Name: _____ DOB: _____/57
Address: _____
Place of Employment: _____ NA
Telephone: (Home) _____ (Work) _____

To assist the _____ Police Department locating you in the event you change addresses, move from the _____ area, or if for any reason you are not available at the time of trial, it is requested you supply three references below. Please give the names of three individuals who would be readily aware of your current whereabouts. The names listed below would only be contacted in the event the _____ Police Department could not locate you to serve a subpoena for appearance in court.

REFERENCES: (Please print.)

1. Name: _____ DOB: _____
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) ?
2. Name: _____ DOB: _____
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) ?
3. Name: _____ DOB: _____
Address: _____
Place of Employment: _____
Telephone: (Home) _____ (Work) _____

~~██████████~~ POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

CASE # ~~██████████~~

DATE ~~██████████~~ 96

TIME 1631 HRS.

PLACE ~~██████████~~ POLICE DEPT

I, ~~██████████~~, GIVE THE FOLLOWING VOLUNTARY STATEMENT
~~██████████~~
~~██████████~~ WHO HAS IDENTIFIED HIMSELF/HERSELF AS A MEMBER OF THE
~~██████████~~ NEW HAMPSHIRE
~~██████████~~ POLICE DEPARTMENT. HE/SHE HAS ADVISED ME AND I UNDERSTAND THE FOLLOWING

1. I have the right to remain silent and not give this statement or incriminate myself in any way.
2. Anything I say in this statement can and will be used against me in a court of law.
3. Even if I cannot afford a lawyer, I have the right to have one paid for by the court and to talk to a lawyer for advice before giving this statement and to have him/her with me during this statement.
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6. I knowingly and purposely waive my right to the advice and presence of a lawyer before and during this statement.
7. I give this statement voluntarily of my own free will and accord.

SIGNED

DATE/TIME

WITNESS

MY NAME IS ~~██████████~~ AND I HAVE BEEN EMPLOYED AT THE ~~██████████~~ IN

~~██████████~~ FOR THE PAST SEVENTEEN YEARS, FOR THE PAST THIRTEEN YEARS ~~██████████~~ HAS
WORKED FOR ME, AND WE BOTH WORK AS CUSTODIANS. ~~██████████~~ WORKS THE SECOND SHIFT, WHEN WE HAVE
A DANCE HE WORKS UNTIL 11:15 P.M.

ON ~~██████████~~ 1996, ~~██████████~~ WAS WORKING FOR ME FROM 2:30 P.M. UNTIL APPROXIMATELY
11:15 P.M. HE WAS ON THE SITE THE WHOLE TIME, AND AT NO TIME WAS HE DRINKING ANY ALCOHOL
OR USING ANY DRUGS.

I HAVE READ EACH PAGE OF THIS STATEMENT AND EACH PAGE BEARS MY SIGNATURE AND THE CORRECTIONS, IF ANY, BEAR MY INITIAL
AND I CERTIFY THAT THE FACTS CONTAINED IN THIS STATEMENT ARE TRUE AND CORRECT AND THAT NO ATTEMPT WAS MADE BY ANY LA
ENFORCEMENT OFFICER TO TELL ME WHAT TO SAY IN THIS STATEMENT NOR WAS I REFUSED ANY REQUEST THAT THIS STATEMENT
STOPPED NOR DID I AT ANY TIME, REQUEST THE ADVICE OR PRESENCE OF A LAWYER DURING THIS STATEMENT.

WITNESS

SIGNED

DATE/TIME

4390

POLICE DEPARTMENT
VICTIM/WITNESS BACKGROUND SHEET

VICTIM/WITNESS:

Name: [REDACTED]

DOB: [REDACTED] - 46

Address: [REDACTED] ST

Place of Employment: [REDACTED]

Telephone: (Home) [REDACTED]

(Work) [REDACTED]

To assist the [REDACTED] Police Department locating you in the event you change addresses, move from the [REDACTED] area, or if for any reason you are not available at the time of trial, it is requested you supply three references below. Please give the names of three individuals who would be readily aware of your current whereabouts. The names listed below would only be contacted in the event the [REDACTED] Police Department could not locate you to serve a subpoena for appearance in court.

REFERENCES: (Please print.)

1. Name: [REDACTED]

DOB: [REDACTED] - 47

Address: [REDACTED]

Place of Employment: [REDACTED]

Telephone: (Home) [REDACTED]

(Work) [REDACTED]

2. Name: [REDACTED]

DOB: [REDACTED]

Address: [REDACTED] 6 AM - 10 AM

Place of Employment: [REDACTED]

Telephone: (Home) [REDACTED]

(Work) [REDACTED]

3. Name: [REDACTED]

DOB: [REDACTED] 1940

Address: [REDACTED]

Place of Employment: Home

Telephone: (Home) [REDACTED]

(Work) [REDACTED]



STATE OF NEW HAMPSHIRE

TDD Access: Relay N

Agency Phone:

1996

Re

Dear Chief:

The sample of whole blood and seal said to belong to was received in this laboratory 1996 from and analyzed for alcohol content. Results appear below.

| <u>Test</u> | <u>Results</u> | <u>Minimum limit of detection</u> |
|-------------|----------------|-----------------------------------|
| Ethanol | 0.00 g/100 ml | 0 g/100 ml |

Pursuant to RSA 265:86, 270:53 or 215-A:11-e the remaining sample is being held for thirty (30) days. Any unclaimed sample(s) will be destroyed.

Sincerely,

BEST AVAILABLE COPY

NEW HAMPSHIRE

TRANSMITTAL SLIP

| | | | |
|---|--|--|--|
| SEAL # _____ | | SPECIMEN FOR LABORATORY ANALYSIS | |
| SAMPLE TAKEN FROM: SEX: FEMALE <input type="checkbox"/> MALE <input checked="" type="checkbox"/> BIRTHDATE MONTH _____ DAY _____ YEAR <u>71</u> | | | |
| LAST NAME _____ | | FIRST NAME _____ MIDDLE INITIAL <u>L</u> | |
| STREET _____ | | COUNTY _____ CITY _____ STATE <u>NH</u> | |
| PRECIPITATING CRITICAL EVENT: _____ | | | |
| LOCALE: COUNTY _____ CITY _____ | | SPECIMEN FROM SUBJECT WHO IS (CHECK ONE) LIVING <input checked="" type="checkbox"/> DEAD <input type="checkbox"/> | |
| DATE: Mo. _____ Day _____ Year <u>96</u> TIME: (24 hr. Clock) <u>2327</u> | | DUE TO: (CHECK ONE) ACCIDENT <input checked="" type="checkbox"/> ARREST <input type="checkbox"/> UNTIMELY DEATH <input type="checkbox"/> OTHER <input type="checkbox"/> | |
| SPECIMEN: BLOOD <input checked="" type="checkbox"/> URINE <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____ | | SUBJECT WAS: (CHECK ONE) INVOLVING: (CHECK ONE) | |
| DRAWN BY: _____ TIME <u>8247</u> 24 HR. CLOCK _____ | | DRIVER <input checked="" type="checkbox"/> MOTOR VEHICLE <input checked="" type="checkbox"/> PASSENGER <input type="checkbox"/> OHRV <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BOAT <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> | |
| AT _____ FACILITY _____ DATE: MO _____ DAY _____ YR <u>96</u> | | TEST REQUESTED ALCOHOL <input checked="" type="checkbox"/> CARBON MONOXIDE <input type="checkbox"/> DRUGS <input type="checkbox"/> SPECIFY _____ OTHER <input type="checkbox"/> SPECIFY _____ | |
| SEALED BY _____ NAME (PRINT) _____ SIGNATURE _____ | | DO NOT WRITE IN THIS SPACE | |
| FURTHER INFO: _____ | | SEAL NO. _____ SEAL INTACT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| REQUESTING AUTHORITY: _____ | | DELIVERED TO LAB BY: (NAME) _____ | |
| AGENCY: <u>Police Department</u> | | DATE: MO _____ DAY _____ YR <u>96</u> TIME (24 HR. CLK.) <u>1430</u> | |
| ADDRESS: _____ | | RECEIVED BY: _____ LAB # _____ | |
| POLICE: _____ MEDICAL: _____ OTHER: _____ | | | |
| STATE 1 _____ MEDICAL EXAMINER 4 _____ 7 _____ | | | |
| SHERIFF 2 _____ OTHER M.D. 5 _____ | | | |
| CITY/TOWN 3 <u>X</u> HOSP./CLINIC 6 _____ (CHECK ONE) | | | |

| | | | |
|--------------------------------|--|---------------------------------------|---------------------------|
| LOCAL USE [REDACTED] | STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION | | M.V. USE ONLY |
| Please Print or Type | Amended Report <input type="checkbox"/> Hit and Run <input type="checkbox"/> | | |
| DATE OF ACCIDENT [REDACTED] | DAY OF WEEK [REDACTED] | TIME OF ACCIDENT (Military) } 2327 | CITY / TOWN [REDACTED] |



On [REDACTED] 1996 at approximately 9:00 AM I met with [REDACTED] at the [REDACTED] District Court. He signed the search warrants for the [REDACTED] vehicle and for the [REDACTED] vehicle. He did not ask me any questions while reviewing the warrants.

At approximately 10:00 AM on [REDACTED] 1996 Officer [REDACTED] of the [REDACTED], a forensic mechanic, examined both vehicles pursuant to the search warrants. When he finished the examinations he told me that both vehicles appeared to be free of any major mechanical malfunctions prior to the collision.

I returned the search warrants to the [REDACTED] District Court.

I delivered copies of the search warrant returns on [REDACTED] 1996. I delivered [REDACTED] to his residence at [REDACTED] in [REDACTED]. I placed the warrant in the mailbox at that location. I then delivered [REDACTED] to his residence at [REDACTED] Street in [REDACTED]. [REDACTED] stopped by the police department at around 1200 hours and I told him I placed the warrant return in his mailbox. Nothing was seized from the vehicles pursuant to the search warrants.

**[REDACTED] POLICE DEPARTMENT TRAFFIC COLLISION
RECONSTRUCTION REPORT**

[REDACTED] 1996

2327 hours or 11:27 P.M.

[REDACTED] New Hampshire

**RE: [REDACTED], Fatal Injury and Personal Injury,
Automobile-Automobile-Traffic Light Pole Traffic Collision;
My Project [REDACTED]**

INTRODUCTION:

I was tasked to conduct a technical analysis of the above-captioned traffic collision to determine the probable cause of the traffic collision on [REDACTED] 1996 at about 2330 hours by Lieutenant [REDACTED]

Utilizing accepted and recognized traffic collision investigation and reconstruction principles and techniques, I will illustrate in this report how and why this traffic collision occurred. My professional findings, opinions and conclusions will be based upon my review, examination, analysis and/or study of the roadway, physical evidence at the traffic collision site, damage to the involved-vehicles, injuries sustained by the occupants of the involved-vehicles, and the crash dynamics of the involved-vehicles.

This report will outline my findings of fact and the determination of inferences and conclusions related to this traffic collision.

I am an Accredited Traffic Accident Reconstruction Specialist, by the Accreditation Commission for Traffic Accident

Reconstruction (ACTAR), with over 22 years experience in the field of traffic collision investigation and over 11 years experience in the field of traffic collision reconstruction. I am a graduate of traffic collision investigation and reconstruction studies from the [REDACTED] and Management [REDACTED] University of [REDACTED]. I am an elected member of the [REDACTED] of [REDACTED] Inc. [REDACTED], and the [REDACTED] of [REDACTED] Incident Reconstructionists and [REDACTED] Inc. [REDACTED]. I am a certified "Adjunct Instructor" for the New Hampshire Police Standards and Training Council and the New Hampshire Police Academy for their Traffic Collision Investigation and Reconstruction Programs. I have provided "Expert Testimony" throughout the State of New Hampshire in the field of traffic collision investigation and reconstruction.

NOTIFICATION:

Lieutenant [REDACTED] of the [REDACTED] NH Police Department, notified me by telephone on [REDACTED] 1996 at about 2330 hours. I arrived on the traffic collision site at about 0031 hours, [REDACTED] 1996, some 64 minutes after the occurrence of this traffic collision. The immediate area in and around the intersection of [REDACTED] and [REDACTED] was secured and closed to vehicular traffic, pedestrian traffic, and unauthorized personnel until the on-scene inspection, examination and investigation was completed.

FINDINGS, OPINIONS AND CONCLUSIONS:

Based upon the work performed to date, I will offer certain facts, inferences and conclusions regarding this traffic collision.

A. The Traffic Collision Scene:

1. The traffic collision occurred on [REDACTED], 1996 at about 2327 hours or 11:27 P.M. in the nighttime.
2. The weather conditions was a light drizzle, overcast skies, 57° Fahrenheit, winds were calm, and visibility was 1.0 mile.
3. The impact occurred in the middle of the intersection of [REDACTED] and [REDACTED] in the City of [REDACTED] County, New Hampshire.
4. The intersection of [REDACTED] and [REDACTED] is typically referred to as a 3-way intersection.
5. The intersection of [REDACTED] and [REDACTED] is located within an urban business district and is well illuminated.
6. [REDACTED] is a two-way roadway which runs generally due east and west.
7. [REDACTED] is a one-way roadway, which generally runs due north, and crosses [REDACTED] at right angles.
8. Both streets are reasonably straight and level in all directions from the intersection.
9. The speed limit on both streets is 30 miles per hour.
10. The centerlines consist of striped double solid yellow lines, and the travel lane divisions are a combination of striped dotted and solid white lines.
11. The pavement surfaces are all moderately worn asphalt and wet.
12. At the time of this traffic collision, the flow of traffic through the intersection of [REDACTED] and [REDACTED] was controlled by flashing overhead traffic signals.
13. The flashing overhead traffic signals were RED for traffic entering the intersection of [REDACTED] Street from [REDACTED].
14. The flashing overhead traffic signals were YELLOW for traffic entering the intersection of [REDACTED] from [REDACTED] Street.

B. Involved-Vehicles and Participants:

1. The target vehicle is identified as a 1995 HYUNDAI Sonata, 4-door sedan, color tan with 6 cylinders and weighing about

3646 pounds. The front axle is the drive axle. The vehicle bears New Hampshire Registration Plates [REDACTED] (Automatic Transmission).

2. The driver and owner of the HYUNDAI is identified as [REDACTED], 24 years old at the time, of [REDACTED], New Hampshire. He possessed a valid 1998 New Hampshire Operator's License at the time with NO RESTRICTIONS. He is 5'7" tall and weighs some 125 pounds.

3. The bullet vehicle is identified as a 1988 PONTIAC Grand Am, 2-door coupe, color red with 4 cylinders and weighing about 3173 pounds. The front axle is the drive axle. The vehicle bears New Hampshire Registration Plates [REDACTED] (Automatic Transmission).

4. The driver and owner of the PONTIAC is identified as [REDACTED], 31 years old at the time, of [REDACTED], New Hampshire. He possessed a valid 1997 New Hampshire Operator's License at the time and is restricted to CORRECTIVE LENSES. He is 5'10" tall and weighs some 165 pounds.

5. There were no passengers in the PONTIAC.

6. [REDACTED], 5 years old at the time, of [REDACTED], New Hampshire, occupied the right front passenger's seat in the HYUNDAI.

7. [REDACTED], 23 years old at the time, of [REDACTED], New Hampshire, occupied the left rear passenger's seat in the HYUNDAI.

8. [REDACTED] years old at the time, of [REDACTED], New Hampshire, occupied the center rear passenger's seat in the HYUNDAI.

9. Both the HYUNDAI and the PONTIAC simultaneously approached the intersection of [REDACTED] and [REDACTED] where they collided near the center of the intersection.

10. The HYUNDAI entered the intersection of [REDACTED] Street from the center northbound "through" travel lane of [REDACTED].

11. The PONTIAC entered the intersection of [REDACTED] from the left westbound travel lane of [REDACTED].

12. After being struck broadside by the PONTIAC, the HYUNDAI careened to the left and impacted a 33.0 inch round metal traffic light pole located along the northwest corner of the intersection of [REDACTED] and [REDACTED].

13. The HYUNDAI sustained moderate impact damage to the right front passenger's door and fender upon being impacted by the PONTIAC. The maximum crush damage indentation depth was measured to be about 8.25 inches.

14. The HYUNDAI sustained additional moderate impact damage to the left front at the left front inboard headlight. The maximum crush damage indentation depth was measured to be about 18.0 inches.

15. The left front driver's side windshield was moderately starred just under the roof line and directly over the steering wheel of the HYUNDAI.

16. The right front passenger's side windshield was heavily checkerboarded from the passenger's side "A" pillar to the central region of the windshield of the HYUNDAI.

17. The right front passenger's door window was shattered from the window frame and sill of the door of the HYUNDAI.

18. Both the left front driver's side airbag and the right front passenger's side airbag of the HYUNDAI deployed as a result of this traffic collision.

19. The HYUNDAI was abutted to the impacted 33.0 inch round metal traffic light pole, located along the northwest corner of the intersection of [REDACTED] and [REDACTED] at its final uncontrolled rest position. The HYUNDAI was facing in a northwest direction.

20. The 1995 HYUNDAI Sonata V6 possesses a maximum vehicle acceleration factor of 0.38g as published in the Spring 1996 issue of the "Accident Investigation Quarterly".

21. The HYUNDAI's four tires were found to be inflated and the contact patches exhibited significant tread depth.

22. On [REDACTED], [REDACTED] 1996, Officer [REDACTED], of the NH Department of Safety; Division of Enforcement, conducted a post-collision mechanical inspection

of the HYUNDAI pursuant to a search warrant obtained by Officer [REDACTED], of the [REDACTED] Police Department. No pre-collision mechanical abnormalities or defects were found that would have contributed to this traffic collision.

23. The PONTIAC sustained moderate impact damage to the left frontal region and fender moving towards the central frontal region of the vehicle. The maximum crush damage indentation depth was measured to be about 11.75 inches.

24. The PONTIAC was parked parallel to the eastern curb line along [REDACTED], north of the intersection of [REDACTED] Street, at its final controlled rest position. The PONTIAC was facing in a northerly direction.

25. The PONTIAC's four tires were found to be inflated and the contact patches exhibited significant tread depth.

26. On [REDACTED], 1996, Officer [REDACTED], of the NH Department of Safety; Division of Enforcement, conducted a post-collision mechanical inspection of the PONTIAC pursuant to a search warrant obtained by Officer [REDACTED], of the [REDACTED] Police Department. No pre-collision mechanical abnormalities or defects were found that would have contributed to this traffic collision.

C. Physical Evidence:

1. No pre-collision nor post-collision tiremarks were found upon the pavement surfaces. The pavement surfaces were wet at the time, but exhibited no observable abnormalities or defects.
2. No metal component scars were found upon the pavement surface from the involved-vehicles.

D. Injuries:

1. The driver of the PONTIAC, [REDACTED] sustained no reported injuries. He was restrained in his vehicle at the time.
2. The driver of the HYUNDAI, [REDACTED] sustained no reported injuries even though his head loaded upon the front

windshield at the moment his vehicle impacted the traffic light pole. He was unrestrained in his vehicle at the time.

3. The right front seat passenger of the HYUNDAI, [REDACTED], sustained fatal injuries in this traffic collision. He sustained a transection of the cervical spine due to atlanto occipital dislocation as determined by [REDACTED] from the NH Medical Examiner's Office. He was pronounced dead at 0146 hours on [REDACTED], 1996. He was unrestrained in the HYUNDAI at the time. The mechanism of death appears to be the interaction between the deploying passenger's side airbag and the unrestrained body of [REDACTED] as determined by investigators for CALSPAN, [REDACTED], New York, who are subcontracted by the National Highway Traffic Safety Administration.

4. The left rear seat passenger of the HYUNDAI, [REDACTED], sustained a severely fractured left lower arm and wrist in this traffic collision which required immediate medical attention and treatment. She says that she was restrained within the vehicle at the time of the traffic collision, but the physical evidence was inconclusive.

5. The center rear seat passenger of the HYUNDAI, [REDACTED], sustained no reported injuries in this traffic collision. Her mother, [REDACTED], advised that [REDACTED] was restrained within the vehicle at the time of the traffic collision, but the physical evidence was inconclusive.

E. Intoxication:

1. Neither driver of the HYUNDAI or the PONTIAC appeared to be alcohol or drug impaired at the time of this traffic collision. There was no evidence of alcohol or drug use at the time of this traffic collision.

F. Traffic Collision Analysis:

1. An assessment of the kinetic energy dissipated in the crushing of a vehicle was determined to estimate the impact speed of the PONTIAC when it broadsided the HYUNDAI. An empirical formula published in the National Association of Traffic Accident Reconstructionists and Investigators Formula Book was utilized. The formula says that an impact speed of the PONTIAC, when it impacted the HYUNDAI broadside, can be determined based on the total crush of both involved-vehicles combined, along with a slope of 1.5 miles per hour per inch of crush damage indentation depth. As a result of this data and analysis, I determined that the estimated impact speed of the PONTIAC, when it impacted the HYUNDAI broadside, was about 30 miles per hour.

2. An assessment of the kinetic energy dissipated in the crushing of a vehicle was determined to estimate the impact speed of the HYUNDAI when it impacted the 33.0 inch round metal traffic light pole, after it had been impacted broadside by the PONTIAC. An empirical formula published in the National Association of Traffic Accident Reconstructionists and Investigators Formula Book was utilized. The formula says that an impact speed of the HYUNDAI, when it impacted the 33.0 inch round metal traffic light pole, can be determined based on the frontal crush of the HYUNDAI, along with a slope of 1.4 miles per hour per inch of crush damage indentation depth. As a result of this data and analysis, I determined that the estimated impact speed of the HYUNDAI, when it impacted the 33.0 inch round metal traffic light pole, was about 25 miles per hour.

3. An analysis was conducted to scientifically determine if the HYUNDAI stopped for the RED flashing traffic signal prior to entering the intersection of [REDACTED] from [REDACTED]. The distance between the south prolongation of the crosswalk, which ran perpendicular to [REDACTED] at the intersection of [REDACTED] Street, and the area of impact was determined to be about 39.5 feet. At a speed of 25 miles per hour, the HYUNDAI would have required a minimum acceleration factor of about 0.53g to accelerate from 0 miles per hour to 25 miles per hour in

a distance of about 39.5 feet. The maximum acceleration factor of the 1995 HYUNDAI Sonata V6 is 0.38g. Thus, we can conclude with reasonable scientific certainty that the HYUNDAI did not stop for the flashing RED traffic signal prior to entering the intersection of [REDACTED] Street from [REDACTED] Street.

G. Statements:

1. [REDACTED] the driver of the HYUNDAI, stated that he stopped for the flashing RED traffic signal prior to entering the intersection of [REDACTED] Street from [REDACTED] (northbound). Upon entering the intersection, he stated that his vehicle was struck broadside by the PONTIAC. His vehicle then careened into a traffic light pole. He stated that the PONTIAC was speeding.

2. [REDACTED], the driver of the PONTIAC, stated that he was traveling west on [REDACTED] Street at an estimated speed of about 30 to 35 miles per hour. As he approached the intersection of [REDACTED] the HYUNDAI came out into the intersection from [REDACTED] without stopping, where he impacted it broadside.

3. [REDACTED] 39 years old at the time, of [REDACTED] New Hampshire, was an independent eye-witness to this traffic collision. He was positioned within his vehicle and stopped, the first vehicle in line, in the right northbound (Right Turn Only) travel lane on [REDACTED] at the intersection of [REDACTED] Street. He stated that he observed the HYUNDAI approach the intersection of [REDACTED] Street from the center northbound "through" travel lane on [REDACTED] at a fast rate of speed, and enter the intersection of [REDACTED] Street without stopping for the flashing RED traffic signal. He then observed the PONTIAC broadside the HYUNDAI in the middle of the intersection.

4. [REDACTED], 23 years old at the time, of [REDACTED] New Hampshire, was an independent eye-witness to this traffic collision. He was positioned within his vehicle and was

traveling west in the left westbound travel lane on [REDACTED] Street some two car lengths behind the PONTIAC. He estimates that the PONTIAC was traveling at a speed of about 25 to 30 miles per hour. Then he observed the HYUNDAI run a flashing RED traffic signal, without first stopping for it, from Spring Street into the intersection of [REDACTED] at a fast rate of speed. He then observed the PONTIAC impact the HYUNDAI broadside in the middle of the intersection.

5. [REDACTED] (W-3), 20 years old at the time, of [REDACTED] New Hampshire, was an independent eye-witness to this traffic collision. He was positioned within his vehicle and was traveling east in the right eastbound travel lane on [REDACTED] Street. As he approached the intersection of [REDACTED], he observed the HYUNDAI run the flashing RED traffic signal, without first stopping for it, from [REDACTED] into the intersection of [REDACTED] at a fast rate of speed. He then observed the PONTIAC impact the HYUNDAI broadside in the middle of the intersection.

PROBABLE CAUSE OF THE TRAFFIC COLLISION:

I find that the probable cause for this traffic collision is [REDACTED] failure to stop for a RED flashing traffic signal, contrary to New Hampshire Motor Vehicle Law R.S.A. 265:12Sec.Ia, and yielding the right of way to the PONTIAC, which had the preferential right of way at the time of this traffic collision. Contributing to the severity of the fatal injuries sustained by [REDACTED] was the failure of [REDACTED] to ensure that his son was properly restrained within his vehicle at the time of this traffic collision, contrary to New Hampshire Motor Vehicle Law R.S.A. 265:107-aSec.I. [REDACTED] has been previously convicted twice in the [REDACTED] for his failure to properly restrain a child within his vehicle. Once on [REDACTED] 1992 and again on [REDACTED] 1992.

RECOMMENDATION:

I recommend that this case be presented to the Grand Jury, in the County of [REDACTED] for their review and consideration regarding any criminal liability on the part of [REDACTED] for the death of his son, [REDACTED]

Prepared and submitted by:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Commander
Traffic Collision Reconstruction Unit
[REDACTED] NH Police Department



1-7

[REDACTED] 1996 23:27 H
 [REDACTED] Date of Accident
 [REDACTED]
 [REDACTED] NH Town
 Fatality ☒ Yes ☐ No
 [REDACTED]
 [REDACTED] Victim(s)
 [REDACTED]

CASE #

REVIEWED

VEHICLE # 1.

Owner [REDACTED] Address [REDACTED]
Year 1995 Make Hyundai Model Sonata GL Type 4-door
Color Gray Mileage 019,711.9 V.I.N. [REDACTED]
Reg. # [REDACTED] State New Hampshire Expiration [REDACTED] 1996

Place of Inspection [REDACTED] Garage Town [REDACTED] NH Date [REDACTED] 1996
Requesting Agency [REDACTED] Police Case # [REDACTED]

Registration No. [REDACTED] H Temp. Plate _____ Mileage on Sticker 22 miles
Current Mileage 019,711.9 VIN No. [REDACTED]
Sticker No. [REDACTED] Station No. [REDACTED] Issued [REDACTED] 96 Yellow

| | Headlights | Tail Lights | Mkr. Lights | Stop Light | Turn Signals | Parking Lights | Other Lights |
|-----------|---|---|---|---|---|---|--------------|
| Equipped | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Operative | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> High | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

Wipers: ☒ Front ☐ Rear Operative: ☒ Yes ☐ No Condition: ☒ Good ☐ Fair ☐ Poor
Horn: ☒ Yes ☐ No Operative: ☐ Yes ☐ No

| 1 ply polyester/1 ply polyamide tubeless design | | TIRE INFORMATION | | 2 plies steel design | | | | |
|--|-----------|------------------|------------|----------------------|-------|-------|-------|-------|
| | | Max. PSI 44 | | Tread Depth | | | | |
| R/F | Make | Design | Size | Pressure | Min. | Max. | | |
| R/F | Michelin | radial M+S | P195/70R14 | 25 | 6 | 1/32" | 7 | 1/32" |
| L/F | Michelin | radial M+S | P195/70R14 | 25 | 7 | 1/32" | 7 | 1/32" |
| R/R | Michelin | radial M+S | P195/70R14 | 18 | 8 | 1/32" | 9 | 1/32" |
| L/R | Michelin | radial M+S | P195/70R14 | 26 | 9 | 1/32" | 9 | 1/32" |
| L/R | In. _____ | _____ | _____ | _____ | _____ | 1/32" | _____ | 1/32" |
| R/R | In. _____ | _____ | _____ | _____ | _____ | 1/32" | _____ | 1/32" |

General condition ☒ Good ☐ Poor Explain _____

bonded type front pads

BRAKE SYSTEM

bonded type rear pads

| | Type | | Condition | | Calib./Cyl. | | Lining Condition | | Thickness | |
|-----|------|------|-----------|------|-------------|------|------------------|------|-----------|-------|
| | Disk | Drum | Good | Poor | Good | Poor | Good | Poor | Min. | Max. |
| | | | | | | | | | | |
| R/F | X | | X | | X | | X | | 9/32 | 9/32 |
| L/F | X | | X | | X | | X | | 9/32 | 9/32 |
| R/R | X | | X | | X | | X | | 10/32 | 10/32 |
| L/R | X | | X | | X | | X | | 10/32 | 10/32 |

Condition of brake lines Good: front and rear steel brake lines intact, with no evidence of seepage, chafing, or kinking. Front and rear flexible brake lines intact, no cracking bulging or seepage.

Condition of Master cylinder Good: dual circuit design, single reservoir. Brake fluid level sufficient; no brake fluid contamination present.

Does brake pedal hold pressure? ☒ Yes ☐ No Solid, hard firm pedal pressure without engine running. Brake pedal reserve 7 inches extended, 5 inches depressed.

Are brakes properly adjusted? Four wheel disc brake system. Automatic adjusting calipers working properly. Non-ABS brakes

BODY EQUIPMENT AND CONDITION

| | | | | | |
|---|--|---|--|---|------------------------------|
| Exhaust System <input type="checkbox"/> Good <input type="checkbox"/> Other → See Narrative Explain | | Glass Condition <input type="checkbox"/> Good <input type="checkbox"/> Other → Windshield smashed Explain | | Mirror(s) Inside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Outside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No remote L+R outside | |
| Windows: | Left Front X Up ___ Down | Right Front ___ Up ___ Down Smashed | Left Rear X Up ___ Down | Right Rear X Up ___ Down | Other Good Rear |
| Seat Belts <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | Shoulder Harness <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Body Condition: | Interior <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor | Exterior <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor | | Other _____ | |
| Padded Interior <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Head Restraint <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Other _____ | |

STEERING. FRONT END, SUSPENSION

| | | Good | Poor |
|-------------------|-------|------|------|
| Ball joints upper | rear | x | |
| Ball joints lower | front | x | |
| Drag link | | | NA |
| Idler arm | | | NA |
| Shocks Struts | front | x | |
| Wheel bearings | F+R | xx | |

inner + outer tie rods, Good

Notes: Rack + Pinion power assisted steering

Steering wheel play 1/8 in. with engine running

| Suspension type: | front | rear |
|------------------|-------|------|
| coil springs | x | x |
| leaf springs | | NA |
| torsion bar | | NA |
| struts F+R | x | x |

Suspension altered ☐ Yes ☒ No

Condition of suspension: Normal ride
height. Rear stabilizer intact.

NOTE: Conditions listed shall be pre-accident conditions when possible.

SUMMARY OF VEHICLE INSPECTION:

SEE NARRATIVE

NOTE: include all references to violations by R.S.A. #, Saf-M # and any recommendations for prosecution or administrative action.

ADDITIONAL INFORMATION:

-----SEE NARRATIVE-----

New Hampshire State Police

Trooper

OFFICER'S SIGNATURE

I.D. #

1996
DATE

**DIVISION OF ENFORCEMENT
CONTINUATION OF POST-ACCIDENT INSPECTION REPORT**

| | | | |
|--------------------|---------------------------|---------------|-----------------------|
| CASE NUMBER | INSPECTING OFFICER | ID NO. | DATE OF REPORT |
| | TROOPER | | 96 |

On 9/1/96, a post accident inspection of a 1995 Hyundai Sonata GL four door bearing New Hampshire registration [REDACTED] was performed at the [REDACTED] Police garage in [REDACTED], New Hampshire. The Hyundai, operated by [REDACTED], was involved in a two vehicle accident in [REDACTED] on 8/24/1996 which resulted in fatal injuries to the passenger [REDACTED].

The vehicle inspection, which was conducted pursuant to a search warrant was initiated at 10:15 hours; the time of conclusion was 12:25 hours.

The obvious damage to the exterior of the Hyundai was heavy contact damage to the right front fender, right front passenger door and windshield pillar. Contact damage to the left front bumper, left front fender, hood, headlight housing and the windshield received induced damage from the hood.

The vehicle was manufactured in [REDACTED] by the Hyundai Motor Car Company; the carline and body type is a Sonata GL four door. The Hyundai was manufactured with manual seat belts, dual air bags, and a 3.0 liter fuel injected V-6-3000 model V-type [REDACTED] engine. The 1995 model year vehicle was assembled on [REDACTED] 1994 in [REDACTED] Korea and was shipped to the United States, and was sold as a new vehicle on [REDACTED] 1995. The vehicle was equipped with:

- power sun roof
- remote power L+R outside mirrors
- power windows
- manual front bucket seats/bench type rear seat (cloth material)
- dual air bags
- factory type rugs and floor mats
- rear window defroster
- cruise control/ tilt steering wheel
- air conditioning
- intermittent windshield wipers
- factory am+fm stereo tape player
- automatic transmission

Upon checking with Hyundai, I learned that the 1995 Hyundai Sonata GL model had no call backs. I also learned that the vehicle was sold to [REDACTED] from [REDACTED] New Hampshire.

In addition to the items noted previously in this report form, the following are the result of the vehicle inspection.

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|---------------------------|--------------------------|----------------------------|
| PAGE 5 OF 7 | SIGNED [REDACTED] | DATE: [REDACTED] 96 |
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**DIVISION OF ENFORCEMENT
CONTINUATION OF POST-ACCIDENT INSPECTION REPORT**

| | | | |
|--------------------|---------------------------|---------------|-----------------------|
| CASE NUMBER | INSPECTING OFFICER | ID NO. | DATE OF REPORT |
| | <i>TROOPER</i> | | 96 |

INTERIOR

The Hyundai is equipped with front bucket seat and a center console with the automatic transmission shifter and hand emergency brake housed in it. The rear seat was a bench type. The inspection revealed that both air bags had deployed. The Hyundai was equipped with factory type floor mats front and rear. The front mats which have a flexible rubber backing measured 27 inches long by 20 1/2 inches wide. The mats appeared to be in their pre-accident position and because of the mats flexibility and pedal clearance the accelerator and brake pedal interference was highly improbable.

At the time of the inspection all doors were in the unlock position. The ignition key was not present, but was later given to me, at that time I checked all the lights and electrical system. Additional items noted during the inspection of the vehicles interior were:

- trip miles 337
- cruise control set to off
- sun roof closed
- air conditioning switch set at off position
- blower fan switch set at low 1 of 4 positions
- temperature control set on cool
- driver seat set in full upright position, seat measured 24 1/2 inches from the firewall
- am+fm radio on and set on 1/3 loudness

EXHAUST SYSTEM

The entire exhaust system condition was consistent with that of a 1995 vehicle, displaying slight surface rust and solid pipes

STEERING AND SUSPENSION

The vehicle is equipped with rack and pinion power assisted steering. The steering rack was intact and sound, with no seal seepage present. The inspection of the inner and outer tie rod ends, front lower and rear upper ball joints and upper strut mounts revealed no measurable play.

As a result of the impact the right tie rod end received damage it was bent. The front suspension design coil springs and struts along with lower ball joints and inner and outer tie rod ends all were intact and solid. The rear suspension was coil springs, struts and rear stabilizer they were intact and solid.

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| PAGE <u>6</u> OF <u>7</u> | SIGNED:  | DATE: <u>96</u> |
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**DIVISION OF ENFORCEMENT
CONTINUATION OF POST-ACCIDENT INSPECTION REPORT**

| | | | |
|--------------------|---------------------------|---------------|-----------------------|
| CASE NUMBER | INSPECTING OFFICER | ID NO. | DATE OF REPORT |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] 96 |

BRAKING SYSTEM

The Hyundai is equipped with a non-ABS, vacuum booster assisted four wheel disc brake system. The inspection of the braking system components revealed the following:

dual circuit design, single reservoir master cylinder; brake fluid level sufficient, with no indication of contamination

vacuum booster intact; vacuum supply hose intact, no cracking present
vacuum present in brake booster

single piston, fixed front and rear calipers, piston moving freely within bores

obvious brake dust accumulation present on pads and rotors front and rear

all four rotor displayed minor heat discoloration and had smooth surfaces

rear rotor measurements:

left-.472

right-.476

front rotor measurements:

left-.853

right-.851

both front and rear rotors within normal thickness

As recorded in the brake section the pads were all within normal thickness

All brake lines steel and rubber were intact solid with no seepage present

CONCLUSION

The inspection of the 1995 Hyundai Sonata GL revealed absolutely no mechanical deficiencies which would have contributed to the cause of this accident. The condition of all steering suspension, and braking components were excellent, and would not have negatively affected the operation of the vehicle.

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| PAGE 7 OF 7 | SIGNED [REDACTED] | DATE [REDACTED] 96 |
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State of New Hampshire

BUREAU OF HIGHWAY ENFORCEMENT POST ACCIDENT INSPECTION REPORT



1-7

1996
Date of Accident
Town
NH
Fatality ☒ Yes ☐ No
Victim(s)

DEPARTMENT OF SAFETY DIVISION OF ENFORCEMENT

2 of 2

VEHICLE # 2

CASE #

Owner _____ Address _____ NH
Year 1988 Make Pontiac Model Grand-AM Type 2 door coupe
Color red Mileage 111,634 V.I.N. _____
Reg. # _____ State New Hampshire Expiration _____ 1996

Place of Inspection _____ garage Town _____, NH Date _____ 1996
Requesting Agency _____ Police Case # _____

INSPECTION STICKER INFORMATION

Registration No. _____ NH Mileage on Sticker 106,047
Current Mileage 111,634 VIN No. _____
Sticker No. _____ Station No. _____ Issued _____ 96 red
Exp. _____

LIGHTING AND ELECTRICAL SYSTEM

| | Headlights | Tail Lights | Mkr. Lights | Stop Light | Turn Signals | Parking Lights | Other Lights |
|-----------|---|---|---|---|---|---|--------------|
| Equipped | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Operative | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> High | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

Wipers: ☒ Front ☐ Rear Operative: ☒ Yes ☐ No Condition: ☒ Good ☐ Fair ☐ Poor
Horn: ☒ Yes ☐ No Operative: ☐ Yes ☐ No

tubeless tires

TIRE INFORMATION Max. PSI 35

| | Make | Design | Size | Pressure | Tread Depth Min. | Tread Depth Max. |
|--|------------|------------|------------|----------|---------------------|---------------------|
| R/F | All Season | radial m+s | P185/80R13 | 28 | 6 /32" | 6 /32" |
| L/F | All Season | radial m+s | P185/80R13 | 29 | 6 /32" | 6 /32" |
| R/R | All Season | radial m+s | P185/80R13 | 27 | 7 /32" | 8 /32" |
| L/R | All Season | radial m+s | P185/80R13 | 27 | 8 /32" | 8 /32" |
| L/R | In. _____ | | | | /32" | /32" |
| R/R | In. _____ | | | | /32" | /32" |
| General condition <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor Explain _____ | | | | | | |

riveted front pads

BRAKE SYSTEM

riveted rear shoes

Lining

| | Type | | Condition | | Calib./Cyl. | | Condition | | Thickness | |
|-----|------|------|-----------|------|-------------|------|-----------|------|-----------|-------|
| | Disk | Drum | Good | Poor | Good | Poor | Good | Poor | Min. | Max. |
| R/F | X | | | X | X | | X | | 1/32" | 1/32" |
| L/F | X | | | X | X | | X | | 1/32" | 1/32" |
| R/R | | X | X | | X | | X | | 1/32" | 1/32" |
| L/R | | X | X | | X | | X | | 1/32" | 1/32" |

Condition of brake lines Good: solid no binding, kinking, cracking or seepage present
flexible hose intact with no seepage.

Condition of Master cylinder single reservoir, dual circuit design power booster. Brake fluid
level sufficient, minor brake fluid contamination present.

Does brake pedal hold pressure? ☒ Yes ☐ No Solid: hard, firm pedal pressure with out engine
running.

Are brakes properly adjusted? Non-ABS system 2 wheel front disc brakes/2 wheel rear drum type
brakes. All brake hardware intact with no seepage present. When brakes applied all
wheels responded, holding firm.

BODY EQUIPMENT AND CONDITION

| | | | | | |
|--|--|--|--|---|---------------------------|
| Exhaust System <input type="checkbox"/> Good <input type="checkbox"/> Other → <div style="border: 1px solid black; padding: 5px; display: inline-block;">SEE NARRATIVE</div> Explain | | Glass Condition <input type="checkbox"/> Good <input type="checkbox"/> Other → <div style="border: 1px solid black; padding: 5px; display: inline-block;">windshield cracked</div> Explain | | Mirror(s) Inside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Outside <input type="checkbox"/> Yes <input type="checkbox"/> No L+R outside mirrors | |
| Windows: | Left Front <u>X</u> Up ___ Down | Right Front <u>X</u> Up ___ Down | Left Rear <u>X</u> Up ___ Down | Right Rear <u>X</u> Up ___ Down | Other <u>rear/good</u> |
| Seat Belts <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | Shoulder Harness <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Body Condition: | Interior <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor | | Exterior <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor | | Other _____ |
| Padded Interior <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Head Restraint <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Other _____ | |

STEERING, FRONT END, SUSPENSION

without engine running

| | Good | Poor |
|-----------------------|------|------|
| Ball joints upper | N A | |
| Ball joints lower | X | |
| Drag link | N A | |
| Idler arm | N A | |
| Shocks / struts front | X | |
| Wheel bearings L+R | X | |

inner + outer tie rod, good
Notes: rack and pinion steering system

Steering wheel play 1/2 inch in.

| Suspension type: | front | rear |
|--------------------|-------|------|
| coil springs | X | X |
| leaf springs | N A | |
| torsion bar | N A | |
| struts shocks rear | X | |

Suspension altered ☐ Yes ☒ No

Condition of suspension: Good: normal
ride height

NOTE: Conditions listed shall be pre-accident conditions when possible.

SUMMARY OF VEHICLE INSPECTION:

-----SEE NARRATIVE-----

NOTE: include all references to violations by R.S.A. #, Saf-M # and any recommendations for prosecution or administrative action.

**DIVISION OF ENFORCEMENT
CONTINUATION OF POST-ACCIDENT INSPECTION REPORT**

| | | | |
|---|--|--|--|
| <div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div> CASE NUMBER | <div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div> <i>Proper</i> INSPECTING OFFICER | <div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div> ID NO. | <div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div> DATE OF REPORT |
|---|--|--|--|

On [REDACTED] 1996, a post accident inspection of a 1988 Pontiac Grand-Am two door coupe bearing New Hampshire registration [REDACTED] was performed at the [REDACTED] Police garage in [REDACTED] New Hampshire. The Pontiac, operated by [REDACTED] was involved in a two vehicle accident in [REDACTED] on [REDACTED] 1996 which resulted in fatal injuries to the passenger in the other vehicle involved.

The vehicle inspection, which was conducted pursuant to a search warrant was initiated at 13:00 hours; the time of conclusion was 15:25 hours.

The obvious damage to the Pontiac's exterior was moderate contact damage to the left front fender, bumper, grille and hood. The right front fender also received damage.

The vehicle was manufactured in the United States by the Pontiac Motor Car Division of General Motors Corporation. The Pontiac was manufactured with manual seat belts, non-ABS, no air bags and a 2.5 liter 4 cylinder throttle body fuel injected engine. The vehicle was equipped with:

- manual windows
- manual door locks
- tilt steering wheel
- automatic transmission
- am+fm stereo tape player
- front buckets seats/cloth
- center console
- air conditioning
- 3 speed wipers
- bench type rear seat/cloth
- front wheel drive
- manual adjustable L+R outside mirrors
- rear window defroster

In addition to the items noted previously on this report form, the following are the result of the vehicle inspection:

INTERIOR

The Pontiac's driver seat was set in the full upright position, and set to the last notch rearward, the seat measured 27 inches from the most forward position of the seat to the firewall. The vehicle had no floor mats so pedal interference was not a factor. The Pontiac is equipped with factory type carpets.

| | | |
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| PAGE <u>5</u> OF <u>7</u> | SIGNED [REDACTED] | DATE [REDACTED] <u>96</u> |
|---|--|--|

DIVISION OF ENFORCEMENT
CONTINUATION OF POST-ACCIDENT INSPECTION REPORT

| | | | |
|--------------------|---------------------------|---------------|-----------------------|
| CASE NUMBER | INSPECTING OFFICER | ID NO. | DATE OF REPORT |
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At the time of inspection the two doors were in the unlock position. The ignition key was not present, but was later given to me and at that time I was able to check the electrical system and lights which were found to be in good working order.

The inspection also revealed the floor mounted shifter which activated the automatic transmission, was in the park position. Additionally, the six position tilt steering column was set at the first notch down from the top.

Additional items noted during the inspection of the vehicles interior were:

- fuel gauge at 1/2 a tank of fuel
- am+fm radio set on low and set to fm 93.7
- three speed wipers set to off position
- air conditioning set to defrost
- blower motor switch set to low speed
- temperature control switch set on heat position
- head light switch set on off position

EXHAUST SYSTEM

The entire exhaust system condition was consistent with that of a 1988 vehicle, displaying minimum surface rust and solid pipes. This is a single exhaust system from the engine to the tail pipe.

STEERING AND SUSPENSION

The vehicle is equipped with a power assisted rack and pinion type steering system. The steering rack was intact and sound, with no seal seepage present. The inner and outer tie rods ends lower ball joints and upper strut mount had no measurable play.

The front suspension consisted of struts and coil springs, the rear suspension consisted of shocks and coil springs and stabilizer bar. The vehicles suspension was not altered and was of normal ride height.

BRAKING SYSTEM





The Pontiac is equipped with non-ABS, vacuum booster assisted front wheel disc brakes and rear drum type brakes. The inspection of the braking system components revealed the following:

- single reservoir, dual circuit design master cylinder
- brake fluid level sufficient, minor brake fluid contamination found

| | | |
|---|---|----------------------------------|
| PAGE <u>6</u> OF <u>7</u> | SIGNED:  | DATE: <u> 96</u> |
|---|---|----------------------------------|

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**DIVISION OF ENFORCEMENT
CONTINUATION OF POST-ACCIDENT INSPECTION REPORT**

| | | | |
|---|--|---|--|
|  CASE NUMBER | <u>THOMAS</u>  INSPECTING OFFICER |  ID NO. |  96 DATE OF REPORT |
|---|--|---|--|

vacuum booster intact, vacuum supply hose intact no cracking
vacuum depleted from brake vacuum booster
single piston floating front calipers, inner and outer pads of riveted design. left and right calipers sliding freely
left and right brake caliper piston move properly within bores,
no binding present, piston surface displaying minor pitting
obvious brake dust accumulation present on pads and rotors on both left and right sides
minor heat discoloration on rotors

front rotor measurements:

left- .758
right- .760
minimum - .815


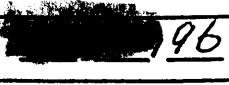
rear drum measurements:

left- 7.855
right- 7.854
maximum 7.929

The rear brake drums and related hardware were all intact, no wheel cylinder seepage present, all steel lines solid, no kinking or binding. All brakes when activated were holding hard and firm. Obvious brake dust accumulation found on shoes and drums, brake shoes of riveted design. Brake pedal reserve 5 1/2 inches extended and 4 inches depressed.

CONCLUSION

The inspection of the 1988 Pontiac Grand-Am revealed no mechanical deficiencies which would have contributed to the cause of this accident. The condition of the steering, suspension, and braking system were all in working order and would not have negatively affected the operation of the vehicle.

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|---------------------------|---|---|
| PAGE <u>7</u> OF <u>7</u> | SIGNED  | DATE  96 |
|---------------------------|---|---|

[REDACTED] Police Department

[REDACTED]

[REDACTED] NH 0
Phone (603) [REDACTED]

Administration Fax: ([REDACTED])
Detective Bureau Fax: ([REDACTED])
Main Fax: ([REDACTED])

[REDACTED]

[REDACTED] 1996

ATTN: [REDACTED]
[REDACTED] County Superior Court
[REDACTED] NH [REDACTED]

Dear [REDACTED]:

Enclosed please find copies of additional investigative reports with regard to State v. [REDACTED] our case # [REDACTED] in the [REDACTED] 1996 Term of the [REDACTED] County Grand Jury.

You are assured of our continued cooperation in this matter.

Very truly yours,
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Enclosure(s)

[REDACTED]

DSSP 20 (REV. 01/91)



State of New Hampshire

Director

FORENSIC LABORATORY

Report of Laboratory Examination

Date: 6-1-1997

Lab No: [REDACTED]

Dept. Case No: [REDACTED]

Re: UNTIMELY DEATH

Victim: [REDACTED]

Suspect: [REDACTED]

EXHIBIT

FINDINGS

Air bag fabric section

Air bag cover section

Physical examination of exhibit [REDACTED] revealed a diffuse red-brown smear on the exterior surface of this exhibit. Chemical and immunological analyses identified the presence of human blood in this deposit. Further examination revealed several dark gray linear smears also on the exterior surface of this exhibit. Chemical analysis of these deposits revealed characteristics consistent with the plastic material comprising exhibit [REDACTED].

Physical examination of exhibit [REDACTED] revealed a small diffuse residue of colorless tissue-like matter loosely adhering to the exterior surface of this exhibit. Chemical analysis failed to detect the presence of blood in this deposit.

ANALYST: